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ABSTRACT

Members of the California State Legislature held a hearing on the black family to hear testimony on youth at risk. Following introductions, three witnesses appeared to speak on the juvenile justice system: (1) C. McDowell of the Department of the Youth Authority; (2) J. Alexander of VisionQuest; and (3) R. Johnson, Chief of Police from Inglewood (California). The witnesses described the programs their agencies run and discussed their sense that black youth are at risk. A panel of witnesses on health included individuals from: (1) the Department of Health; (2) the San Francisco (California) Department of Public Health; (3) the California AIDS Leadership Committee; (4) Bayview Hunters Point Foundation; (5) California Black Health Network; (6) San Francisco (California) Black Coalition on AIDS; and (7) AIDS Project of the East Bay. These witnesses described their agencies programs and activities with various populations as well as their involvement in health education and their sense of the need for more health education and other programs. A panel of witnesses on education included the following: (1) representatives from the Department of Education; (2) representatives from Psychological and Human Resources, Incorporated; (3) a psychological and human resources consultant; (4) a University of California (Berkeley) professor of educational administration; and (5) a member of the State Superintendent's Committee on Black Affairs. The final witness, Dr. Wade Nobles, Director of the Center for Applied Cultural Studies and Educational Achievement, provided a summary overview. (JB)

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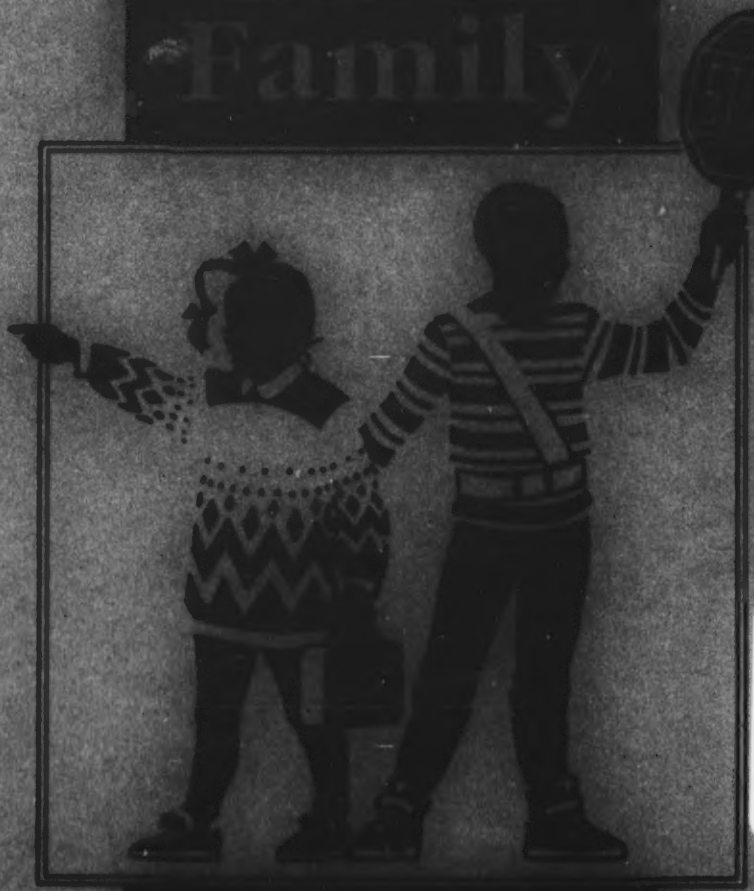
TRANSCRIPT

ED346172

LEGISLATIVE HEARING

The Black Family



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CAPITOL ADDRESS
STATE CAPITOL
SACRAMENTO CA 95814
(916) 445-7498

DISTRICT OFFICE
3375 S. HOOVER AVENUE
SUITE F
LOS ANGELES CA 90007
(213) 747-7451
(213) 747-7452

Assembly
California Legislature

TERESA P. HUGHES
ASSEMBLYWOMAN, FORTY-SEVENTH DISTRICT

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JT COMMITTEE ON REVIEW
OF MASTER PLAN OF
HIGHER EDUCATION
JT COMMITTEE ON THE
STATE'S ECONOMY
MEMBER STATE
ALLOCATION BOARD

December 21, 1989

Honorable Willie L. Brown, Jr.
Speaker of the Assembly
State Capitol, Room 219
Sacramento, CA 95814

Dear Mr. Speaker:

The attached documents represent the testimony and materials presented at the Black Family hearing held in the State Capitol on October 6, 1989.

The hearing examined the critical question: "Are our Youth at Risk?"

Witnesses at the hearing made a number of recommendations that will help shape solutions to problems plaguing our youth.

I am confident that the Legislature will find this information useful as it formulates public policy during the 1990 session.

Sincerely,

Teresa P. Hughes

TERESA P. HUGHES
Assemblymember
47th District

TPH:mm

WITNESSES

"ARE OUR YOUTH AT RISK" HEARING: THE BLACK FAMILY

October 6, 1989

I. INTRODUCTORY REMARKS

Assemblywoman Teresa Hughes, 47th District

Assemblyman Willard Murray, 54th District

II. JUVENILE JUSTICE

Clyde McDowell, Deputy Director, Institutions & Camps, Department of the Youth Authority

Jean Alexander, Esq., Corporate Counsel, VisionQuest

Ray Johnson, Chief of Police, City of Inglewood

III. HEALTH

Betsy Lyman, Chief, Family Health Division, Department of Health

Patricia Evans, M.D., Associate Medical Director, San Francisco Department of Public Health, AIDS Office

German Maisonet, M.D., Private Practitioner, Pediatrician, Los Angeles; Member, California AIDS Leadership Committee

Shirley Gross, M.P.H., Executive Director, Bayview Hunters Point Foundation

Mr. Harold Hambrick, President, California Black Health Network

W.J. Brandy Moore, Chair, San Francisco Black Coalition on AIDS

Aaron Crutison, Director of Education, AIDS Project of the East Bay

IV. EDUCATION

Shirley Thornton, Ed.D., Deputy Superintendent, Specialized Programs Branch, Department of Education

Harold Dent, Ph.D., Vice President-Secretary, Psychological and Human Resources, Inc.

Dr. William Pierce, Psychological & Human Resources Consultant

Dennis Parker, Administrator, Office of Instructional Strategies, Department of Education

Rodney Reed, Ph.D., Professor of Educational Administration University of California, Berkeley

Barbara Alexander, Member, State Superintendent Honig's Committee on Black Affairs; Board of Directors, National Coalition of Title One, Chapter One Parents

V. OVERVIEW

Dr. Wade Nobles, Director of the Center for Applied Cultural Studies and Educational Achievement, S.F. State University; Executive Director, Institute for Advanced Study of Black Family Life & Culture

I. INTRODUCTORY REMARKS

CHAIRWOMAN TERESA HUGHES: Welcome. I'm Teresa Hughes, and this is Assemblyman Willard Murray from Compton, and we're here to deal with one of the most crucial issues that we will ever have to deal with in this decade, and that's our youth at risk.

Our keynote speaker is on his way. Dr. Wade Nobles is the Director for the Center of Applied Cultural Studies and Educational Achievement at San Francisco State University, and I understand he's coming from the east coast somewhere.

But we've held you up now for half an hour. I know you were all here on time, and I appreciate your being here on time. So we're going to get under way, and when Dr. Nobles comes in, we will go about the business of hearing his overview.

I'd like to turn now to my colleague, Willard Murray, for some opening comments.

ASSEMBLYMAN WILLARD MURRAY: Thank you, Madam Chair. I just want to welcome all of you here.

The area that we're going to be covering today is of vital importance to all of us, and I think that goes without saying. I'm certainly looking forward to the testimony.

We have outstanding experts in the field that we're covering, and I think we're very fortunate from that standpoint. I certainly feel as though I will be greatly enlightened by the time this is over.

Thanks, again, for coming.

CHAIRWOMAN HUGHES: This is also a good time for me to vent my frustration, as I am very, very upset with the Governor. The Governor vetoed AB 11, which is a crucial piece of legislation that I carried this session to provide for AIDS education in Grades 7 through 12.

Let me tell you, to get that bill passed in both houses was a major task, and when it came to his desk, he indicated that there was no need for such legislation. Can you believe that? In a day and age when our kids are sexually active and sexually curious in grades 7 to 12, in a day and age when drug abuse and intravenous drug usage is rampant in our community and we know that the two things are linked, in a day and age when a young person cannot go home and ask her parents about AIDS because most of us don't know very much about it, the administration thinks that this type of legislation is not necessary. It is not necessary to save the minority communities in this state. That's the way I interpret it. But Mr. Deukmejian, I want you to know

Teresa Hughes and AB 11 will return. I will give the Governor a second chance.

II. JUVENILE JUSTICE

CHAIRWOMAN HUGHES: Our hearing today deals with several major topics under youth at risk, juvenile justice, health and education in general.

We'd like to first start off with our juvenile justice panel, and as I call your name please come up to the table: Clyde McDowell, Deputy Director of Institutions and Camps, the Department of Youth Authority; Jean Alexander, Attorney, Corporate Counsel with VisionQuest; and Ray Johnson, Chief of Police, the City of Inglewood.

All right. Mr. McDowell.

MR. CLYDE MCDOWELL: My name is Clyde McDowell, Deputy Director of California Youth Authority.

First, I would like to thank the committee for allowing us time to talk a little bit about the Youth Authority.

The question regards youth at risk in California: Are youth at risk?

I think we have to say straightforwardly, that yes, they are at risk, but I think more particularly, we need to talk a little bit about what the California Youth Authority is and the fact that by the time a young person gets to the Youth Authority, they've already gone through the criminal justice system, either juvenile or adult, and they are no longer at risk, they are enmeshed in the criminal justice system.

We are the largest youthful offender agency in the world. You have to understand "youthful offender" in the sense that we have committed to us young offenders, ages 11 to 24. They are released at age 25, and we have them separated generally into institutions that are for those under 18 and those 18 and over.

Normally, a young person committed to the Youth Authority has exhausted all of the resources available at the county level. When judges choose to send a young person to the Youth Authority, we are the place of last resort for that judge. We operate 11 institutions and 6 conservation camps. Our population as of June 30, 1989 was 8,500.

That puts it at a crowding level of about a hundred and forty percent of design capacity. We have extended some facilities. We are building a 600 bed facility in the Stockton

complex, where we already have 3 institutions, and that's just kind of a general picture of our major function.

You ask specific questions. I'll try to address all six. However, let me take Number Two first: What is the operational definition of "at risk" that is used by your department?

For our purpose, a youth is at risk when he or she is in imminent danger of becoming deeply invclved in the juvenile or criminal justice system. The youngsters have already had a brush or two with the law and may or may not be involved in the probation department at that point, but clearly, if the behavior of the youngster continues in the same vein, missing school, running with youth gangs, using alcohol or other drugs, the young person is at risk of getting into more and more trouble.

Again, the offenders at the California Youth Authority clearly are past the at-risk stage and are fully enmeshed in the juvenile or criminal justice arena.

Question Number Two: What programs exist within our department that provide services to youth at risk?

The Youth Authority has been instrumental in helping communities identify resources and programs for youth at risk through more than forty transfer-of-knowledge workshops. These workshops call together experts in the area of gangs, drugs, and a variety of criminal justice issues, and they work up a plan to attack these issues and submit those plans to various committees to see if they care to use them.

The department has a limited amount of funds, ($210,000) for demonstration projects. One of those this year is the Sentinella Valley Juvenile Diversion Project in Inglewood. The ethnic mix there is 29% Hispanic, 23% White, 22% Black, 10% Asian. The area has 38 gangs, a youth population of 60,000, and 4,000 juvenile arrests annually, and the needs of high risk youths cannot be met in that community.

The project that's funded will develop a system-wide delinquency projection plan.

Also, the department provides a $15,000 grant to the University of Southern California, the Hemovich Social Research Center, that evaluates the current services of Denyon Center, a juvenile justice facility in South Central Los Angeles which serves a largely Black clientele.

Since 1972, the Youth Authority has funded the Sugar Ray Robinson Foundation with the current allocation of $489,486. This program serves South Central Los Angeles and parts of Orange County.

Another $140,000 annually goes to the John Rossi Foundation for a program in Santa Monica that serves youngsters in the Venice, Mar Vista, and other communities in that region. The program provides services involving gang intervention, crises intervention, diversion, tutoring, and scholarships, youth employment, cultural exchange, early drug education, organized sports activities, and the like.

In addition, three youth service bureaus, each funded at about $9,600 annually, service a predominantly Black clientele. They are the Crenshaw West-Adams Leimert Consortium in Los Angeles with approximately 84% Black; Project Day in Pasadena, 54%; and the East Contra Costa Youth Service Bureau in San Pablo, 55%.

We have 16 youth service bureaus in the State of California. Of their total clients, the Black population constitutes about 14.6%.

Also, the Youth Authority has several grants this fiscal year which target other ethnic groups. A $12,000 grant to the Criminal Justice Council of San Mateo County targets Hispanics, Asians, and Pacific Islanders. A $22,000 grant to the Orange County Bar Association targets Hispanic youth. A $24,000 grant to the Help Line youth counseling program targets Asians and Pacific Island youth.

In all, of the $2.4 million in Youth Authority funds that go to delinquency prevention, approximately $900,000, or 37%, serve a largely Black clientele.

Question Three: What additional programs and resources are needed to improve the quality of the delivery system for youth at risk in your department?

Clearly more efforts are needed on behalf of delinquency prevention. However, I think it's important to say that in order to intensify the delinquency prevention efforts of our department, we probably need to take another tack, and that is furnish some expertise from the state level to help communities organize and resist the drugs and gangs that are impacting their area.

CHAIRWOMAN HUGHES: What is the ethnic background of youth at risk client population in your department?

At the close of 1988, the institutional population of the Youth Authority has broken down as follow: Blacks, 42.2%; Hispanics, 32%; White, 21.9%; Asians, 1.8%; Native Americans, 0.5%; Filipino, 0.4%; Pacific Islander, 0.6%; and all others, 0.6%.

Crucial to these percentages is that, for minorities, 90% of the victims of the young people committed to us were their

own ethnic group. So if we've got 32.2% of our population as Black, most of that is Black-on-Black crime.

CHAIRWOMAN HUGHES: What type of interagency collaboration exists between your department and other departments?

The interagency cooperation between the California Youth Authority and other departments is greater today that at any other time. We recently were involved in information sharing, competency development, and project coopération, and with such agencies as the Office of Criminal Justice Planning, the Department of Corrections, the Department of Alcohol and Drug Programs, the Office of Traffic Safety, California Highway Patrol, Department of Justice, and the Department of Education.

We have an ongoing relationship with the State Parent-Teacher Association, the California Council on Children and Youth, our State Commission of Juvenile Justice, Crime and Delinquency Prevention, and four citizen regional advisory committees, the California State Sheriff's Association, the California Peace Officers Association, the California Juvenile Justice Association, the California Parole, Probation, and Correctional Association, California District Attorneys, the State Bar, Public Defenders and others.

In all of these cases, we have ongoing communications, ongoing policy decisions, and ongoing meetings where we are attempting to help deal with our children at risk.

Thank you.

CHAIRWOMAN HUGHES: Any further questions from members of the panel?

Thank you very much.

Yes, Mr. Murray? This is Mr. McDowell.

ASSEMBLYMAN MURRAY: Mr. McDowell, in your statement...

CHAIRWOMAN HUGHES: Just a moment, Mr. Murray. I've forgotten to introduce my colleague, Assemblyman Curtis Tucker, Jr., who just joined us here from Inglewood. Let's hear from Inglewood.

ASSEMBLYMAN CURTIS TUCKER, JR.: Thank you. I know your folks are here.

ASSEMBLYMAN MURRAY: Mr. McDowell, based on your department's role in delinquency prevention, did your studies indicate that education, especially regarding the acquisition of basic skills or the failure to do so, had an impact on delinquency

or crime?

MR. MCDOWELL: The studies indicate that education does have an impact, if we examine the development of basic skills. However, I think we should look at the kinds of proof that tend to support that premise.

The average educational level of a young person that actually penetrates all the way into the Youth Authority is fifth grade, and we're talking about 18, 19, 20 year olds.

ASSEMBLYMAN MURRAY: Do you think that if the children were better educated in basic skills, that the amount of delinquency would be reduced?

MR. MCDOWELL: Only if once they walk out of school they walk into a safe environment. It doesn't do you any good to be well-educated if you're scared to walk home.

ASSEMBLYMAN MURRAY: So you don't see any connection?

MR. MCDOWELL: I think they'll do better in the future, but I guess my response to that has to do with whether you've got the basic skills. However, if in order to survive you have to commit criminal acts, you might survive because you're a little smarter and you don't get caught, but you're still going to commit the criminal acts just to survive.

The school itself, by itself, cannot answer the problems of the community. It can help, and I think it can help very much, but there has to be a place for that young person to develop various skills outside of the school area.

ASSEMBLYMAN MURRAY: So you don't think boosting up the basic skills, and I mean very basic, such as reading and computation, among very young children would affect their delinquency down the road?

MR. MCDOWELL: Oh, I'd hate to endorse that premise. No, I'm not saying that. No.

I think basic skills are going to help you in your life, and it will probably impact some of the youth, but I still think that they've got to have somewhere outside just the school to develop skills. They've got to have a functional community to grow up in as well.

ASSEMBLYMAN MURRAY: Opportunity is what you're saying they need then.

MR. MCDOWELL: Yes, opportunity is what is needed.

ASSEMBLYMAN MURRAY: Thank you.

CHAIRWOMAN HUGHES: All right. Thank you very much. I want to bring to your attention the fact that we have some fourteen witnesses, and so that will limit our testimony and maybe our lines of questioning totally to within ten minutes per witness. I'm afraid I'm going to have to run this just like I do the Education Committee, on time, watching the clock. I will cut you off and try not to be disrespectful while doing so, but thank you very much for being succinct. Please do not repeat something that was offered by the previous witness.

Attorney Jean Alexander.

Thank you very much, Mr. McDowell.

MS. JEAN ALEXANDER: I'm Jean Alexander, corporate counsel for VisionQuest.

I'm going to speak somewhat extemporaneously today.

I've been at a wilderness camp in El Fretha, Arizona, with 150 delinquent boys and girls, then on a Ute Indian reservation for a week, and on one of the dustiest wagon train camps I've ever experienced with 75 delinquent boys.

I bring a perspective to this committee that attorneys usually don't experience in that I do deal directly with kids, and I also travel up and down the state speaking with the probation departments that place kids with us and some that don't.

Since we're a private for-profit organization, we contract independently with counties for our services, and I am the person that assesses what the needs are.

VisionQuest is a treatment program for seriously delinquent youth. Most of our kids have failed in the community, in their school environment, and in other placement facilities throughout the state. They would otherwise be placed in the California Youth Authority if they were not with us.

The program is based on the premise that youth who make a substantial commitment to treatment, who are challenged physically and mentally and emotionally in placement, and who are required to face, rather than to avoid their issues in the family, and who are accorded respect and concern, can effectively be treated in community based organizations and facilities.

There are no bars, handcuffs, or tranquilizing medications used in our facility, although most of the youth that we deal with have come from locked environments or mental health facilities in their past.

The definition that I think that we've applied to youth

at risk is those who have experienced abuse, abandonment, or neglect, and we find that that's common to all the youth that we treat in our program.

Their ages range from 10 to 19 years old, and about 63% of them are Black.

I think that often when people are called to testify before a committee like this, we define the problem in such a way that it seems to be overwhelming and there seems to be no real way to address it. What I would like to suggest to the panel today is that there are ways of addressing it. I would like to bring to your attention one way to address it that has not been used in the past.

We do wagon trains and wilderness camps with kids, which is really effective programming. It challenges them. It also builds a sense of family, camaraderie. It's exciting. It replaces some of the things that they're looking for out on the street. It replaces some of the loneliness that they've experienced in their families. They formerly have looked to their homies to fill that gap and alleviate that loneliness.

We take inner city kids. We take kids from rural environments and we do the same kinds of things with them. We take boys and we take girls and pretty much they all respond, and the biggest challenge for them is going back home.

After we've had a kid in our program it is often difficult for them to face their old environment. I talked to a youth from San Joaquin County just yesterday, who was in our program for 12 months in the residential program and he was about to be discharged. He went out and violated a rule which was a minor infraction, but his message was, "I'm scared! I don't want to go back." I talked to him for a long period of time.

He was really open. He told me a lot of things, but his defenses were up. These are the most defended kids that you would ever imagine. They've experienced so much pain in their lives. When I said "What about your little brothers?" tears welled up in his eyes, and I couldn't control it, tears welled up in my eyes, too. We were standing there in the dirt. The dust blowing at about thirty miles an hour crying, because the one thing that really touched him is he didn't want his little brothers to get caught up in the same thing that he had, and he said, "Yes. That is a reason for me to get out of here because I really need to help them."

CHAIRWOMAN HUGHES: How do you prepare the young person to go back home? I think the kinds of experience that you illustrated or cited were magnificent experiences and probably taught them an individual lesson, but how do you prepare them to go back to reality, their real world?

MS. ALEXANDER: We do some traditional things. We had GED classes. We have some kids in public school. We have them playing traditional sports activities. We have a furrier school and a cooking school, but what we really teach them is a work ethic. It's about consistency and respect for authority and getting up in the morning and going to and doing your job and doing it consistently whether you like it or you don't, and that kind of ethic, I think, translates to whatever jobs they will be able to find in the community.

We also teach them that, whether or not the law controls you, because many of them have escaped the law and not have been caught time and time again. Whether or not your parents control you, you have to look deep inside yourself for some control. The way that we promote them in doing that is to show that they can succeed at things, really difficult challenging things, and to promote their self-esteem.

We have a group of minority kids called the Buffalo Soldiers. They've been here. They've marched for the Black Caucus before, and they've sat down in the Speaker's Office and talked with him. They've also sat down in the Speaker's Office in Pennsylvania, and they've marched across the country. One of the best things they do is they go to elementary schools, and each of them takes a little corps of elementary school kids and they teach them their marches, and this is an effective way to bring it back to the community.

I believe last year you passed legislation for a demonstration project, and the point of the legislation was that you can get effective programming over a longer period of time. Instead of twelve months you can get fifteen months. You take a kid out of his home for a while, establish his relationships, and do some of these challenging things. Then you bring him back to his own community, because that's what he's going to have to deal with, place him in his home, supervise him outside of his home, go to school and track him and see what he's doing there, go to his job, and do crisis intervention with him. Then bring his brothers and his sisters and his friends into this community as part of the positive gang or positive peer relationship that you've developed, and try to implant some of that in the younger kids as well.

ASSEMBLYMAN TUCKER: So there is extensive follow-up?

MS. ALEXANDER: Yes. We do follow up, but there is a gap in the services that the system provides for right now, and that is in reference to how much employment is provided. In a number of ways, when a kid is back in his own home, basically, the funding stops unless the county has the ability to pick up the tab through after care probation services.

ASSEMBLYMAN TUCKER: How do you get these wards? How

are they referred to you?

MS. ALEXANDER: The kids in our program are placed by juvenile courts in various counties, and the criteria is that they would otherwise be placed in the California Youth Authority. We have had some kids that have been to the Youth Authority who have failed on parole, and then have come to our program.

UNIDENTIFIED SPEAKER: (Inaudible).

MS. ALEXANDER: That's pretty much correct. Yes. We've also generally gone to a number of group homes and other sources. Some of them are coming from the mental health system, not just in California but from other states.

ASSEMBLYMAN TUCKER: What percentage of your kids end up ultimately at the Youth Authority after going through VisionQuest?

MS. ALEXANDER: I have some information for you. I have a video tape about the Buffalo Soldiers and some other information and a summary of several studies that have been done among them is the California Auditor General's study, and I don't know if you've reviewed that. It was done for you about a year and a half ago.

There was also a Rand Study. I'm not a statistician, so I won't attempt to quote. I think that regardless of what percentages succeed, we touch every kid that comes through our program. We humanize them and we promote their self esteem, and the significant decrease in crime that comes from this intervention is in crimes against people. If you look at those studies, and we feel that that's important.

ASSEMBLYMAN TUCKER: Do you have any material on your program with you?

MS. ALEXANDER: Yes. I do.

ASSEMBLYMAN TUCKER: Did you send us some?

MS. ALEXANDER: I have it right here, and I'll be happy to provide it to you before I leave.

CHAIRWOMAN HUGHES: All right.

Any further questions?

Thank you very much.

ASSEMBLYMAN MURRAY: I wonder if I can ask Mr. McDowell one more question.

CHAIRWOMAN HUGHES: Yes.

ASSEMBLYMAN MURRAY: You indicated that the average educational level of your wards is fifth grade. So I assume that there's a variance from zero to maybe through high school. Is there any information that relates -- that gives recidivism rates by grade level or skill level?

MR. MCDOWELL: No, we don't.

ASSEMBLYMAN MURRAY: Wouldn't that be something handy to have?

MR. MCDOWELL: Yes, it would, and we started on it a year ago, but we haven't got it put together yet.

ASSEMBLYMAN MURRAY: Okay! So when you come back next year, you'll have it for us, right?

MR. MCDOWELL: Yes, sir.

ASSEMBLYMAN MURRAY: Thank you very much.

CHAIRWOMAN HUGHES: Thank you very much. That's called the power of suggestion, not intimidation.

All right. Ray Johnson, Chief of Police, City of Inglewood.

CHIEF RAY JOHNSON: Thank you, Assemblywoman Hughes. I'd like to outline at the outset that my presentation would probably differ just a little bit from the testimony of my two colleagues. The questions will be answered as I go through my presentation, not with the specificity that they do.

Hopefully, you will allow me the time to go through it. I will do my best to make it through.

The approach outlined will be much different than the approach that's taken by most law enforcement executives. I would consider myself a modern day progressive law enforcement executive. I hope that my characterization will be respected in this proceeding.

After the inner cities of Los Angeles, Newark, and Detroit erupted in widespread bloodshed and destruction during the 1960's, President Lyndon Johnson declared the only genuine long-range solution for what was happening was an attack mounted at every level upon the conditions that breed despair and violence.

Over two decades later, we find that while some progress has been made in the emergence of a new Black middle class, a whole new generation of Black Americans have been ushered into what is now being commonly referred to as an underclass.

CHAIRWOMAN HUGHES: You know, normally, in legislative hearings, we don't let you read testimony. This is a legislative hearing. We're only interested in specific information. We'd be very glad, Mr. Johnson, to read your dissertation which sounds like it's very well thought out, but we don't have that kind of time.

We want to get to specific questions. I know you can write. I'm proud that you're a brother who has learned well, but let's get specific just as these witnesses did.

You are the police chief in Inglewood. As the police chief in Inglewood, does your department have any special programs that service youth at risk? That's Question Number One. Then let's go down the list. We don't have that kind of time to listen to you. We can read it, you wrote it, and I don't want you to think that we're not interested, but I have to be efficient. This is time on task.

Okay? Let's get to the task. Does your department have any programs for youth at risk?

MR. JOHNSON: There are advantages to being last in a group to make a presentation. I will do as you suggest.

Let me talk about the Inglewood Police Department and answer the questions.

Again, to answer the first question, yes, we have specific programs.

We've all heard of the program DARE, but there are programs that we have in the Inglewood Police Department that you have not heard of. There is a program, of course, where we teach kids, teach them self-esteem, hopefully motivate them, and that program is being taught by full-time police officers.

I have dedicated four officers to teach in the Inglewood Unified School District's DARE program. That was a sacrifice because those people had to be moved from patrol. They teach currently all of the fifth and sixth graders, and we have recently launched a program for the private schools. Therefore, we're reaching the entire community.

Unfortunately, that program does not totally meet the needs of the community because we feel that it should start at an earlier age.

CHAIRWOMAN HUGHES: How do you identify with all of the schools in your particular district? How do you identify which fifth grade school children you're going to reach?

MR. JOHNSON: We teach all fifth graders. We know that it would be impossible for us to go to the school district and, even though this is a cooperative effort, to ask them to pick out kids who are most in need. All of the kids are in need, and we think they should all be taught the same subject.

We have several other programs, what we call outreach programs, that are strictly crime prevention and perhaps a lot of law enforcement officials would not attempt to use those programs.

"Cops and Kids:" This is another program where we have police officers who volunteer their time three nights a week to work with churches that have granted space for these officers to work with youth at risk.

By the way, we have no operational definition of youth at risk. We would use the same definition as my counterparts use but in law enforcement our approach would be somewhat different. The "Cops and Kids" program is a program that I started three years ago where I indicated that we have volunteer police officers.

In addition to that, we have unsworn personnel who work with kids of all ages. We are allowed space in the academy cathedral, and the kids participate in the sports.

In other tutorial kinds of classes, we teach them the basics, and the main benefit is the fact that they can deal with adult role models and mentors.

We have another program that's associated with the Cops and Kids program. It is called the "Stage Right". This is a program that I just currently implemented where we will be teaching kids theatre arts, drama, and that program started off with forty, I think. We're now up to about 111, and we've only been into the program a month and a half. We have a waiting list for this program. We will present our first production on December 17 with the Inglewood Symphony Orchestra. We have that much confidence in the project, and there's a long waiting list for that program.

Interagency cooperation is terribly important in our profession, and it is the one thing that we have not done very successfully over the years. We learned during the Olympics that working with our counterparts is absolutely necessary.

I feel that in Inglewood some of the things necessary to generate that kind of cooperative effort have taken place. We work with Project Hope, the Sentinel diversion, a juvenile diversion project, that Mr. McDowell mentioned. We also work very closely with them. We work with Inglewood Unified School District and their programs along with "Just Say No".

We also work with community based programs in the City of Inglewood again, providing the male role modeling and the officer, macho, kind of influence for some situations. We also include specific requests for female officers and volunteers from the community to help participate in those kinds of programs. They are very effective.

PAL is another program that we have. It used to be called the Police Athletic League, now it is the Police Assistance League. I have another volunteer coordinator from my department that worked with youth from four or five of the schools in the Inglewood Unified School District. We identified the ones that we thought were the most in need and those areas that were the most depressed, schools where pupils were at the lower end of the socio-economic scale. These kids had no opportunity to participate in athletics after school hours.

My officers, again, plus one full-time paid coordinator volunteered, and I have four or five other officers who volunteered their time.

The problem that Inglewood is having is the problem that most of our communities have, the ability to recruit minorities, females and Blacks, to become those role models and mentors that we severely need in our community. With our efforts, we're trying to build the partnership that's necessary to help these kids get over the hump. It's important that the community based organizations, private and public, forge a partnership. We see that as the only solution.

The DARE Program is working very well, but before we have measurable results, we will be in another decade. We recognize that we have lost many of the youths.

In terms of the question of what can be done at this level, legislation is needed. We have another program, the Show Program, for serious habitual offenders, geared toward kids who have fallen through the net. We have one of the two cities in the State of California with this program. This program was established, of course, by legislation in 1986 which sets forth the criteria for definition of a serious habitual offender.

This person is classified after he or she has been arrested or had several run-ins with the law for felony offenses. Those kids, 25% of them -- excuse me, twenty-five in a population of 100,000 are responsible for major felony crimes in most of our communities. We have identified this program as established to identify, track, supervise, and work cooperatively with the probation department. We also work with the courts, with the school system, and with community based organizations to help those kids get back into the mainstream and become meaningful and productive in society.

We also have programs where we work with other law enforcement agencies, and we think this is critical. Where those kids fall through the net, we see that they are hardcore gang members, and there is no control. They've already gone through the Show Program and other similar programs.

There have to be laws, and there have to be ways for us to affect, arrest, and incarcerate these youth. We know that the solution is not jail. It costs more to house a person in jail than it does to send him to one of the highest ranked, most expensive colleges in this country. We see that a lot of funds are being wasted in this effort, but it's absolutely necessary when you have kids who are hardcore who know no other way.

Yes, the prisons are full. CYA, parole, all of them are, but there need to be laws to make sure that, number one, kids who use weapons, use dangerous drugs, sell dangerous drugs, are involved in other special crimes, are put away.

Now, those are the things that we think you can do. Now we realize that some of the things that I talked about earlier that are long-term, that it is critical information for those of you who are in the policy making position and leadership at that level. We need your assistance to ensure that those types of laws are passed. It can help us along with the other social kind of prevention programs and, believe me, I believe that the attempt to educate and to prevent crime is more important than my task of arresting all of those kids and putting them away when they come back on the streets.

As Mr. McDowell indicated, and they have no way to integrate back into the society. There are no jobs. There's nothing but despair and hopelessness. What did we expect? They've become more educated in the institutions, and that means they've become a better criminal. It takes us longer to catch them.

That, I think, is a waste of resources for any police department, and if they fall through all the nets, yes, we have to have police officers. What is important is that we have the right kind of police officers to deal with this pandemic problem that we have. They have to have compassion and empathy in addition to displaying that macho image that many of you and I have seen over my thirty years in this business. That combination we have to teach.

The other problem I see is in the educational arena. We realize that we have to educate the youth. We also have to do something about the parents. We have to require education about drug and gang identification for certification of teachers. That is terribly important. We think that they need to know more about it. They need to be able to identify gang characteristics. Many of the parents can't identify a lot of the problems associated

with gangs and drugs. It's imperative that we do that, and it seems that it is in Black areas and with Black youth that the problem is persistent.

Thank you.

CHAIRWOMAN HUGHES: We loved your answers because you spoke from your heart and your head. You told us what you're doing and it was very, very meaningful.

Now, I'm going to ask you a very simplistic question.

When a kid comes to South Central LA, comes to Cresta Boulevard, which is in Gwen's district, or comes further East which is my district, and then comes further South on Crenshaw into Curtis Tucker's district and into your area of jurisdiction, how do you work with LAPD?

That's what I would like to know.

MR. JOHNSON: Okay.

CHAIRWOMAN HUGHES: ... when the Crips and the Bloods are having their warfare, how do you work when they get over the district line? What's the jurisdictional handling in that case?

That's something that I am curious about.

CHIEF JOHNSON: Okay.

One of the things I think that I indicated earlier was truly important. We really have worked a lot better since 1984 because now we realize that no one agency could solve or address the problems that we are having with the juveniles.

We have gang details and the Los Angeles Police Department has Crash. We have gang details. There is an intelligence network that's worked out among all of the officers. When there is some kind of uprising, or rumble as they may call it, or a rumor of a rumble, they notify my officers. We are all on alert. We work collectively and together to solve the problem. That's the only way.

If I'm running this special operation as they run theirs in LA, we call Operation Hammer, we always notify them. They notify us. Because we cannot solve the problem if I am going to transfer it or push it over to another municipality. That really does not solve it. So, that's the way we work in that situation.

CHAIRWOMAN HUGHES: All right. Mr. Murray.

ASSEMBLYMAN MURRAY: Chief Johnson, of the questions submitted to you, there were two that I didn't hear the answer to.

What is the ethnic breakdown of the at-risk youth client population in your department?

CHIEF JOHNSON: That would be a question that I could not answer when you asked the question about youth-at-risk in my department.

No, youth-at-risk is defined as the service population.

ASSEMBLYMAN MURRAY: That's what I am saying.

CHIEF JOHNSON: We work with the juvenile diversion of young people. I think that the question was answered by Mr. McDowell with the figures right there. He would have those figures. I would not.

ASSEMBLYMAN MURRAY: The other questions is: What additional programs and resources are needed to improve the quality of delivery system for youth-at-risk in your department?

CHIEF JOHNSON: Well, we always ask for more money -- but that isn't the solution. I don't want to give the impression that it is. Yes, we do need resources. No, we don't need just money. We need commitment and the things that I indicated to you earlier. What we need most is some of those laws where we can catch those kids who have already slipped through the net because they have a terrible influence, an extremely terrible influence on the other youth of the community.

And, there is one area that you could not help me with but I indicate that there has to be some sense of this. That area relates to my ability to be able to recruit qualified minorities to work on and solve this problem.

Yes, we need funding for that and the people in our community I think gave a vote of confidence when they voted 78 percent to increase their taxes. So, I could add 20 additional people to my department. Mind you, I made it clear to them during the hearings that 20 additional people would not solve the problem unless we have some kind of leadership at this level and at my level to let the community know that we are really concerned and that it is not just a police problem.

Because with 20 additional police officers, people feel now that they have to do nothing. You see, if you add a 100 cops, they are going to sit back and do even less. So, what we do is we send false messages that now you can be secure in your homes and in your streets and you have to do absolutely nothing.

ASSEMBLYMAN TUCKER: What kind of tax was that you imposed?

CHIEF JOHNSON: It was a property tax.

ASSEMBLYMAN TUCKER: For residents?

CHIEF JOHNSON: Yes. And, I think that you would recognize in some of your areas and districts that you serve that they were unsuccessful in raising a similar tax.

CHAIRWOMAN HUGHES: Thank you very much.

Thanks to the panel.

Oh, Mr. Tucker.

ASSEMBLYMAN TUCKER: One thing that I have noticed and it was borne out in testimony is that most people tend to feel that at-risk youth come primarily or only from low- or moderate-income families. It is true that the federal government has said that over 50 percent of Black youth live in poverty. Therefore, Black youth having no place to go or nothing to look forward to will undoubtedly turn to criminal activity in gangs, and sell drugs in order to uplift themselves and their families.

We also have the other aspect of that where we have upwardly mobile middle-class communities, such as Inglewood, that also has a very definite gang problem. So, we cannot just say that it's simply lack of economic opportunity because clearly we see it's across the board. We've got to find ways to look at the situation and deal with it comprehensively and not just try to pigeonhole kids and put kids into nice little niches where everything is going to fit and where we have simple answers for very complex problem.

CHIEF JOHNSON: Can I just add one part of my presentation that I didn't get to because I got a little carried away?

That's a point counterpoint to this business of identifying and labeling youth at risk. There will be those who will be opposed to another label for kids because it attaches some kind of stigma.

I think that it is something that we can address here and certainly your leadership would be appreciated in that area, if we do that. It might do one of two things: Identify some of the resources to help us if in fact we put them in that category. This, then might also prompt some people to get a little more involved in the solution instead of being part of the problem.

So, I think that we have to be careful about these labels.

CHAIRWOMAN HUGHES: Thank you.

Chief Johnson, if you would give us a copy of your testimony, we will have it duplicated for the legislative members and return it to you right away.

CHIEF JOHNSON: Oh, I don't need it back. I have copies. You can have the copy.

CHAIRWOMAN HUGHES: All right. Sergeant, would you take the copy of the testimony?

Thank you very much for your cooperation.

III. HEALTH

CHAIRWOMAN HUGHES: Now, let's hear from the individuals who will speak about health and, sergeant, would you put a chair at each end of that table. We have seven witnesses and we'll have room for everyone to testify.

As I call your name, please come up.

Ed Mendoza, the Department of Health, the Assistant Director of Public Health.

Dr. Patricia Evans, Assistant Director, San Francisco Department of Public Health, AIDS Office.

Dr. German Maisonet, private practitioner of pediatrics from Los Angeles who is a member of the California AIDS Leadership Committee.

Dr. Shirley Gross, Director of the Bay View Hunter Point Foundations.

Mr. Harold Hambrick, President of the California Black Health Network.

W. J. Brandy Moore, the Chair of San Francisco Black Coalition on AIDS.

And, Aaron Crutison, Director of Education, AIDS Project, East Bay.

All right. We'll go right according to the list.

Ed Mendoza, please. Department of Health, Assistant Deputy Director of Public Health.

MS. BETSY LYMAN: Madam Chairperson, I'm Betsy Lyman from the Family Health Division. I'm substituting for Mr. Mendoza

today. At the last minute, he had a conflict that he was unable to avoid. I do have copies of the testimony that he prepared.

CHAIRWOMAN HUGHES: You know, I won't let you read it so you are going to summarize it. Just because we don't have the time.

MS. LYMAN: Absolutely. The Public Health Division of the Department of Health Services has about 168 different programs. Each one of which serves its unique target population and so, for the presentation today, we have attached for you information on several of the more significant programs related to youth. The attachments that we gave you relate to AIDS, sexually transmitted diseases, immunization, tuberculosis control and refugee health, the Adolescent Family Life Program, high-risk follow-up, and the community-based peri-natal services and comprehensive peri-natal services.

For each of these programs, the definition of at-risk, the additional programs and resources, the ethnic breakdown and the inner-agency collaboration varies and I can try to address any of that if you are interested.

I thought one that I might mention in particular today is the Adolescent-Family Life Program. This program serves over 5,000 pregnant and parenting teens each year through 32 different local agencies. The focus of the program is to improve the health status of the infants born to teenaged women and to provide support for pregnant and parenting teens to continue with education, to develop job skills, to increase their employability, to increase their parenting skills and to assure adequate health care for both teens and their children.

In order to be eligible for the program, teen women must be pregnant or parenting. Males must be parenting or a father-to-be and all teens must be under 18 years of age when they enter the program. We currently have 5,000 teens served by the program. We have an additional 1,000 teens on waiting lists and requests to start new AFLP programs. In this year's budget the program was augmented by $1.8 million which we hope will enable us to get some start towards serving the number of teens on the waiting list and to establish two new projects.

Of the teens who were in the project, almost 25 percent are Black; 47 percent are Hispanic; 23 percent are White and 5 percent are all others. The collaboration that occurs in this program does involve other state agencies, including the Department of Education and the Department of Social Services.

But what I think is particularly strong about the Adolescent Family Life Program is the fact that it relies on collaboration and the establishment of service networks at the local level within the community where the project is in place.

We were particularly pleased this year when the American Medical Association named this program as the top award winner for its excellence in intervention in the area of adolescent pregnancy.

Maybe I'll stop there, Madam Chair, if you have any questions.

CHAIRWOMAN HUGHES: Do you consider students in grades 7 through 12 who are residences of inner-cities as at-risk students?

MS. LYMAN: They would be at-risk for many of our programs administered by the Department of Health Services. Yes.

CHAIRWOMAN HUGHES: All right.

Do you think that you in the Department of Health are capable of servicing all of these at-risk students that you say you serve effectively and efficiently enough to help them to avoid deadly experiences such as AIDS?

MS. LYMAN: We know that we are always looking for more resources to ...

CHAIRWOMAN HUGHES: You didn't answer the question. You are telling me what you know. Could you answer that question? Do you think that you are capable of servicing this student population effectively and efficiently enough to warn them against getting AIDS?

MS. LYMAN: Madam Chair, my direct responsibility does not include the administration of the AIDS programs and I will take that question back to the Department and provide you an answer.

CHAIRWOMAN HUGHES: Oh, I'm shocked. You don't know whether your able to help them. Okay.

All right.

I understand large bureaucracies and you work for one. So, that's not your fault. What was your department's or your personal position on AB 11?

MS. LYMAN: I'm sorry. Again, that's not an area that I have direct knowledge of.

CHAIRWOMAN HUGHES: Isn't that sad? Thank you very much. Any questions from my colleagues?

ASSEMBLYMAN MURRAY: Ms. Lyman, statewide you're servicing 5,000 pregnant teenagers?

MS. LYMAN: Correct. At present.

ASSEMBLYMAN MURRAY: How do you find them? How do they come into your program?

MS. LYMAN: In the counties where we have these programs, we generally have one program per county. In Los Angeles there are, I believe three. The programs work with other community agencies and the schools and the medical providers and over time they have become known to the point where most of the programs now have lengthy waiting lists of teens trying to get into the program. They don't have to do any outreach.

ASSEMBLYMAN MURRAY: They can't wait too long, can they?

MS. LYMAN: That's right.

ASSEMBLYMAN MURRAY: Do you have any figures for Los Angeles County?

MS. LYMAN: Specifically, no, I don't with me.

ASSEMBLYMAN MURRAY: So of the 5,000 you don't know what proportion of them are in Los Angeles, assuming maybe half?

MS. LYMAN: No. But, I would be happy to get that information for you.

ASSEMBLYMAN MURRAY: My feeling is that this is an area of great need that we wind up delivering babies to mothers, especially young mothers, teenaged mothers, who have had very little and sometimes no pre-natal care. I understand this is a situation that increases the probability of underweight babies and relatively less healthy babies than if they had had adequate pre-natal care. Is that correct?

MS. LYMAN: That is correct.

ASSEMBLYMAN MURRAY: So, increased access to pre-natal care would provide a great service in terms of creating a population of more healthy people?

MS. LYMAN: That is correct.

ASSEMBLYMAN MURRAY: So, obviously, there are some substantially more than 2500 pregnant young women teenagers in Los Angeles County?

MS. LYMAN: Yes, sir.

ASSEMBLYMAN MURRAY: All right. What would be your capacity? Does your department handle clients directly or do you contract with other agencies to provide the service?

MS. LYMAN: We contract with agencies in the communities.

ASSEMBLYMAN MURRAY: Private agencies or public?

MS. LYMAN: Both. Some school districts, some county health departments, some non-profit health organizations, some service agencies.

ASSEMBLYMAN MURRAY: Okay. If more people applied would you be able to handle it? Is it in your budget? Now, obviously, there must be 100,000 in Los Angeles County, I would just guess.

MS. LYMAN: We would be expanding somewhere in the neighborhood of 700 to probably 900 this year in the number of teens that we can serve. Really that does not meet all the need.

ASSEMBLYMAN MURRAY: (INAUDIBLE)... There is a difference between 2,500 and 100,000.

MS. LYMAN: Yes.

ASSEMBLYMAN MURRAY: Thank you.

CHAIRWOMAN HUGHES: All right. Thank you very much.

Any further questions for this witness?

Dr. Patricia Evans, Assistant Director of San Francisco Department of Health, AIDS office.

DR. PATRICIA EVANS: Good afternoon. I want to thank you for asking me to come before you to testify and I will have to use my glasses, not to read my testimony, but I want to refer to some numbers.

First of all, I would like to make a correction. My name is Dr. Patricia Evans. But I am the Associate Medical Director for the AIDS Office, San Francisco Department of Public Health.

I had been with the AIDS Office since December 1st, of '86, first as a consultant on maternal-child health and minority affairs, and then in '87 I became the Chief of Prevention Education, as well as Associate Medical Director, and it wasn't until April of this year that I assumed the full duties of the Associate Medical Director and relinquished my duties as Chief of Prevention Education. I'm also a pediatrician, so I have worked in the area of pediatrics and feel that I do have some expertise in that area, as well as a Masters in Public Health and Maternal and Child Health Care.

First of all, I would like to give my definition of how

I would describe youth.

I think that we need to look at youth in the broadest sense as possible. I was looking at the dictionary the other day and it described youth as "extending from an early time period up through maturity." I would like to use that sort of definition in terms of the comments that I would like to give.

First of all, you've asked some of the questions in terms of who is at-risk. And, again, since I work in the area of AIDS, I would like to change that from AIDS to human immuno deficiency virus disease or HIV disease, because AIDS is only one stage in the spectrum of a disease process in which you go from a person who is infected to a person who develops the symptoms and eventually to a person who develops AIDS.

San Francisco certainly has been in the forefront of gathering data, and we will continue to do so in terms of this particular epidemic. We have been blessed in San Francisco in so far as very few youth have been diagnosed with this particular disease. We have very few newborns. We also have very few between the ages of five and 12 and also in the teenaged years. However, what I would like to say is that if you look at the national statistics you can see some definite trends that are occurring there.

For example, in the national statistics teenagers between 13 and 19 years of age made up about 0.4 percent of the total cumulative cases of AIDS and that is data through May 31, 1989. If you begin to break that down, you can see the ethnic breakdown is 45 percent white; 35 percent African American; 18 percent Latino and 2 percent Asian.

Therefore, you can see that African American youth certainly are over represented in terms of teenaged AIDS cases. If you then look at what happens in the next age category which is between 20 and 24 years of age the actual numbers increase tremendously. The total number of AIDS cases in that particular group is 4,259 or 4.3 percent of the total. And, if you think about the incubation period of this particular virus, we have this information from San Francisco, there are individuals who can be infected for up to 11 years and show absolutely no signs or symptoms of this particular disease.

Many of those in that 20 to 24 years of age category actually became infected as adolescents. So, that's a crucial point in terms of what we're talking about with youth. There's also information from the Job Corp Screening Center, screening program which looked at a large number of youth who were participating in that program and the sero prevalence. When I describe sero prevalence, we are talking about the number of individuals who were tested who were found to be infected.

In terms of the sero prevalence, it was 3.9 per thousand adolescents between 16 to 21 years of age. If you compare it to military data, this figure is actually much higher than the military data that has been collected over time.

There's also information in regards to adolescent women in the childbearing age. Again, if we think about adolescence which is a time of very high-risk taking behavior, both in terms of sexual activity and in terms of drug use, we've got a double barreled whammy especially in terms of AIDS infection.

Looking at women in the childbearing age, there was some blind testing done of 276,606 females and of this group 117 were positive for HIV infection. We can also look at information from homeless youth programs in New York City in which 1,111 homeless youth were tested and of these 74 or 6.7 percent were sero positive. So, again, our youth certainly are at-risk.

This is only one transmission category in terms of sexual activity that we can talk about. If we look at some information which is from San Francisco, and this phenomenon has also been seen in other areas of the country, we have seen an increase in the gonorrhea and syphilis rates among adolescents. To give you some figures from San Francisco, we began to see an increase in gonorrhea rates near the early part of 1988 and this has continued into 1989, and we are just beginning to see the start of a downward trend. It is not that far down in comparison with other groups.

If we look at race specific rates, the cases of gonorrhea range between 3,300 and 4,300 cases per 100,000 population for the African Americans. Compare this to the White population which is 250 to 350 cases per 100,000. And, also if we look at syphilis rates for African Americans it's 250 cases per 100,000 compared to 25 cases per 100,000 for the white population. So, in San Francisco we certainly do have the probability of having a very widespread infection if we don't do something very early.

The other data that we could use too is the information gathered by the California Department of Health Services in which there was blind testing done of newborns throughout the State of California. That information certainly provided us with insight to what is happening to newborns and also to women. If we look at that particular data, you can see that the HIV infection rate statewide was 7.4 per 10,000 women giving birth or one in every 100,344 new mothers.

But if we break that down for African American women whose babies were tested, this rate was 12 times higher than the rate for white women. So, again, we do know that there is a lot of unprotected sex out there, both from the sexually transmitted disease data as well as from the newborn information as well.

CHAIRWOMAN HUGHES: Dr. Evans, as a pediatrician/physician health officer, is your charge to do preventive health care or to treat people who have already gotten these diseases?

DR. EVANS: The AIDS office has a combination of programs.

We have both prevention and education programs, as well as health resources programs.

Let me just preface this by saying that our office primarily seeks out funding and then provides it to community-based organizations which are providing the services whether it be in education or in health services.

We do provide one specific program which is directly related to services and that is a case management program.

CHAIRWOMAN HUGHES: All right. You cited the increase in gonorrhea and syphilis. Are the programs that you have in your area able to provide sufficient information for preventive health care in those areas?

DR. EVANS: I would say no. If it were, we would not have these rates that we currently have.

CHAIRWOMAN HUGHES: All right. Now let's discuss AIDS. Is it or is it not true that there is no known effective treatment for AIDS? What is the prognosis?

DR. EVANS: Let's put it this way. AIDS has now become a chronic disease, a relapsing disease. There are some treatments but there is no cure at the current time.

There certainly are treatments available such as (INAUDIBLE). There's also AZT and there are other drugs which are being tested and will be used very shortly.

CHAIRWOMAN HUGHES: All right. The Department of Health witness, Ms. Lyman, indicated that they do not do a terrific amount of AIDS education per se. You have indicated that your agency sees that community based organizations get some funding to do some of this. Do you believe that it is appropriate or inappropriate to have AIDS education in the schools for the target population which is most vulnerable, 7 through 12?

DR. EVANS: It is absolutely appropriate. In fact, San Francisco has a very good educational program going on in the schools at the current time.

CHAIRWOMAN HUGHES: All right. So, San Francisco does

not need AIDS education in the schools?

DR. EVANS: I would say, yes, we do. I mean we have a program going on and we need to continue that program.

CHAIRWOMAN HUGHES: All right. But, my question is, do other cities in the state need it?

DR. EVANS: I would say yes. I think that all youth need to be informed of AIDS or HIVs. They need to know what their risks are. They need to understand what those risks are, but I would not necessarily couch it as just an AIDS educational program.

The program that we have in San Francisco is a part of the family life education program which deals not only with AIDS but it also deals with other issues that adolescents need to deal with. For example, how to make choices; what do you do about peer pressure; what about responsibility. And, AIDS is really considered part of the sexually transmitted disease component.

So, I think that's one of the things that helped to make our program effective. However, I am concerned that if we look at the data which has been generated by Ralph D. Clemente, African American youth do not score as high on educational tests regarding AIDS as their white counterparts. And, the other thing that I would like to stress is that education does not equate behavior change. That is the key. We are trying to teach changes in behavior, but you need to have education in order to get over to the change in behavior side.

CHAIRWOMAN HUGHES: Dr. Evans, would you say that Black youngsters are higher at-risk youngsters than are white youngsters?

DR. EVANS: In general, I would say yes, but again you have to look at specific populations within both of those groups.

CHAIRWOMAN HUGHES: All right. Thank you very much. Any further questions from members of the panel?

Our new member of our panel is the esteemed leader, his Highness, Willie Brown.

Dr. German Maisonet, private practitioner, pediatrician from Los Angeles and member of the California AIDS Leadership Committee.

DR. GERMAN MAISONET: Good afternoon. My name is German Maisonet. I am a pediatrician, pediatric hematologist, oncologist, and chemical dependency specialist. I'm currently practicing in Los Angeles. My practice is almost exclusively limited to HIV positive people and addicts and prostitutes who

have either HIV infection and AIDS and their children.

As of November 1st, I will no longer be a resident of Los Angeles. I am leaving. I will be assuming the position of physician for HIV positive prisoners at Vacaville Men's Jail.

CHAIRWOMAN HUGHES: That's great.

DR. MAISONET: I must say at this point I didn't realize what I was stepping into. I didn't realize that there was a class action suit but I guess that makes it all the more stimulating.

Part of the solution, hopefully, will be to establish the first in-prison hospice for terminally ill prisoners in the United States.

I'm basically a pediatrician, who I think has followed the path of Black youth in this country from birth to jail, since that seems to be the path of far too many of my patients. I'm the Medical Director of the Van Ness Recovery House and I basically work with high-risk young adults and youth. I would like to state what my definition of high-risk youth is in the Black community.

I believe that all Black youth in this country are at risk because what we are seeing, especially among men, is an increase in years of potential life lost. This is the first group of Black men, African American men, in the history of this country, who will probably not live as long as their grandfathers. Although the technology is greater than ever before, there are medications that can stop diseases that we didn't even know of before.

For me then, at risk is any young person who, due to a medically recognized preventable disorder, will experience an increase in the years of potential life lost. It's very frustrating at times. So, I am working in the AIDS field, because one of the things that places Black youth at risk is something which I've not been able to completely comprehend. Dr. Evans and I have spoken about this before and we have spoken on panels.

When I was working with gay white men what happened was that they saw their friends die and they started using safer sexual practices. However, Black youth see so many people die so often that at times life has become an expendable commodity for them. That teaching tool that we had -- the tragedy of losing your life at an early age seems to have escaped them. So, we will have to develop some new strategy and, to reinforce your position Assemblywoman Hughes, there is not enough education at all for Black youth. I think that it has to be rethought because one alarming thing that Black youth face -- some of these men and women that were my babies 15 years ago, they're now adults -- is that there is an alarming rate of illiteracy among Black youth and an even more frightening rate of illiteracy among parents who

refuse to read.

One major problem that I see as a pediatrician and as a Fellow of the American Academy of Pediatrics, working on committees not specific to Black youth or the Black family, what I see is that we are basically health care consumers. That's what we are. We are no longer patients. There is no longer a patient-doctor relationship. The patient in the United States now is a consumer. There is a thing called a medical-industrial complex, whose purpose it is to produce and sell technology and produce people that will use that technology. Therefore, the concept of health maintenance which is lost on the general community and well-educated community is even more absent in Black youth, especially when they are plagued with gangs and with violence around them. It is very difficult to put flossing your teeth as a priority when you don't have any teeth because they may have been punched out in school. I'm sorry if that upsets people. I have sewn too many heads of Black children together due to gang fights to try to be any less specific than that. I hope that I am not being too blunt.

The other problem is that the reason for Black youth being at risk is that people who are poor have poor health care and Black youth are just disproportionally at risk for that. I don't see any program yet addressing the issue of a nationalized health care for many Black Americans. I believe that's going to be a major problem because Black Americans, as I see them, especially the youth that I address, are not getting jobs which pay enough or jobs that which allow them to purchase health care, or they are not employed in jobs which guarantee them health care. So, they're basically decreasing their access to medical care, and I think it is going to be perpetuated generation by generation. I don't see a change in this.

There is another problem, which I see and this is something which I wanted to state, I think it best illustrates what the problem is. At this point, for my IV drug addicts and women who are IV drug users who are poor or indigent and who are African American, it is almost a blessing at times medically that they are imprisoned. I know that sounds horrible but I can assure you that the men -- Afro-American men -- in Vacaville Men's Jail have more access and better medical care than their age-matched peers who are not in jail but are as poor and who are not committing crimes. That's a very sad state.

CHAIRWOMAN HUGHES: That is... would you repeat that statement again? I want to make sure that everybody was paying attention. That is a profound statement.

DR. MAISONET: I think -- let me repeat that again - for the IV drug users and the African American men in general who are poor and who are indigent in this country, especially Los Angeles, specifically the state of California -- they will get better

medical care and have more access to medical care if they are criminals and commit crimes and assault their own community, than if they lead decent respectable lives outside of jail and are never imprisoned. I think that is a horrible reward to force that on an entire generation of Black young people.

CHAIRWOMAN HUGHES: My God!

Dr. Maisonet, I just want to say to you. God bless you for your dedication. We are going to miss you in L.A. Vacaville is very, very, very lucky.

There is a question from Mr. Murray.

ASSEMBLYMAN MURRAY: Doctor, why aren't the medical services provided or health services provided to this population of youth to whom you just made reference? Are they covered by Medi-Cal?

DR. MAISONET: You have to have an address for the Medi-Cal sticker to arrive. A large number of them are now homeless. Secondly, if you do have a Medi-Cal sticker, you have to be able to get down to the mailbox without being mugged. And, thirdly, you have to be able read and go Medi-Cal and you have to willing to spend an entire day or two days down there filling out forms...

ASSEMBLYMAN MURRAY: So, it's not that the services aren't there?

DR. MAISONET: Accessing the clients to the services is the problem.

The other thing is that the major medical problems facing the Black community such as violence and drug addiction, drug addiction and drug detoxification are not treatable disorders under Medi-Cal.

So, I have to wait until my IV drug users are sick with AIDS before I can treat them for their drug use. When they are healthy and not infected, I cannot service them directly for chemical dependency related-complications of chemical dependency. They are viewed as two different diseases. I think that's something that we have to address because they got AIDS through their drug use. They didn't become drug users because I told them they had AIDS.

CHAIRWOMAN HUGHES: Any further questions? Thank you, Dr. Maisonet.

Shirley Gross, the Director of the Bay View Hunters Point Foundation. Ms. Gross.

MS. SHIRLEY GROSS: Thank you. I am Executive Director of Bay View Hunters Point Foundation, a community-based non-profit corporation that deals with health and human services in the southeast section of San Francisco.

We started working with children and adolescents about ten years ago and we identify at-risk/high-risk youth for the purposes of our treatment program as being those youth who are involved in the sale or the use of drugs or who are the children or siblings of a person who uses drugs.

The children in our program are 97 percent Black males; 76 percent of them come from single-parent families; 15 percent have grandparents as custodian; and 9 percent of those children live with friends from time to time. Sixty-nine percent of them have less than a 10th grade education; 25 percent have less than a 6th grade education; and 6 percent of this group reads below 6th grade level.

When they get to us, 58 percent of them have been arrested twice at least, so they already have experience with the criminal justice system and 76 percent of these children have parents who have substance abuse issues.

The other interesting thing about this population is looking at 127 of these youths, 76 percent of them have been bussed outside of the minority community during grades one through five. I think that is an interesting statistic that needs to be looked at to see what the impact of bussing has on ethnic minority children who have been bussed into communities that are very foreign to them. Where they have no one of their own ethnic background to teach them and be able to relate them. I think that's a serious implication.

We provide services to this population through out-patient counseling services which include individual family and group counseling. One of the interesting things that we have found is that -- and it is not so interesting but it is quite widely ignored in terms of treatment programs -- is that there are no services to the at-risk parents. At-risk/high-risk parents are those people who are identified as having substance abuse issues or having children who are involved with these issues and with the criminal justice system. The trauma that's associated with having a child who is involved in the criminal justice system needs to be dealt with so that the parents can face it. If the children are going to succeed in treatment programs and receive alternatives to incarceration. The parents need to be worked with so that if we can change the behaviors of the parents and they aren't so physically and verbally assaultive of their children, then we stand a good chance of being able to reduce continued incarceration of the children.

I think that one of the problems with the systems that

we are involved in is that we ignore for the most part the parents and the community at large and we put all of the responsibility back on these children and adolescents.

Some of the things that are important, I think, in treating and working with youth are ethnic specific. It is important that they have ethnic specific counselors, mentors, teachers -- people that they can relate to. People who will understand that because a child comes to school with the hair not combed and falls asleep. It's not necessarily because they have been doing something bad, but they may be hungry and they didn't get anything to eat the night before. So, it doesn't necessarily mean that they are mentally retarded and will not function intellectually at the same level as their peers, but they need some other kinds of specialized services and intervention.

So, we must search for ways to better equip children with coping skills. They are viewed as encumbrances by a society that ignores the fact that children who for the most part are poor, disenfranchised, and live in housing projects. They are not equipped with the same coping skills that those of us may have who live outside of those environments.

I think that to not use the systematic approach for teaching parents ways to change their behavior, and thereby helping them to realize that there are other options, other ways to deal with their children, means that we're not working well within a system that we're designing.

My function within the agency is to watch the trends in the community. To watch the changing trends and to develop programs and then to seek funding consistent with the trends that are changing. One of the things that we are doing in our 1989-90 funding cycle is to create an entire parenting system, so that the parents are just as involved in the system as the children.

The other thing that we've done is to become more intimately involved, if you will, with the criminal justice system. What I mean by that is that we just aren't accepting referrals from them anymore. We are selecting the people from the criminal justice system who will work with these children and adolescents.

We are suggesting that it may be advantageous to have a Black probation officer (PO) work with a Black child versus having a non-minority PO work with that child for reasons of cultural and ethnic specific identity situations.

We collaborate with other agencies. We collaborate with the Department of Public Health to get funding that will do things, not only in our community but in other communities in San Francisco, so that we can again watch the trends as they change to see how much impact we're having on the Black communities within

San Francisco.

CHAIRWOMAN HUGHES: Thank you very much. Any questions from members?

Mr. Harold Hambrick, California Black Health Network.

MR. HAROLD HAMBRICK: I can promise this panel that I will not attempt to read all the documents I have before me. But, first of all, I'd like to thank the Speaker and the rest of the Assembly persons from L.A. I saw you last Saturday when we were dealing with the Martin Luther King issue in L.A.

In particular, I'd like to thank Assemblyman Curtis Tucker, Jr., who authored AB 1561. I am the President of the California Black Health Network. We are calling for the establishment of the Office of Minority Health and also a Task Force on Health that will deal with specific issues, including the issues that are discussed by each of the panelists.

I will not attempt to go through the health statistics and talk about the problems that confront Black folk today in California because we have submitted this document, "The Black Health Agenda", to both the Assembly Health Committee and also to the Senate Committee.

Our bill, AB 1561, did pass the Assembly, and we really thank you. I think this audience should thank this body for sponsoring this bill. We're halfway there. Next year, I hope that we can bring this many folk back on the Senate side to get the bill passed and force the Governor to sign it, so that we can have some involvement and some say in health care in the State of California.

I will focus right in on the major killer of Black youth. To answer the question "Are youth at risk?" I say no. The youth are not at risk. I say we all are at risk.

I compliment this panel on this document. This is a heavy document, and I just kind of went through it real fast just to get an idea of what material is here. But, if I had to give my presentation, it would be on Page 46, one paragraph, the conclusion, and it states:

"The power elite has unfortunately been very slow to recognize that the future of the American economy and American cities is inextricably tied to the fate of young Black males. If they cannot contribute to the economy, they will drain more and more of its resources. If they cannot participate in the revitalization of cities, they will oversee urban decay and urban chaos. If they are locked out of the technological and scientific advances of the next decade, the United States will enter the twenty-first century with more serious social, political, and

economic problems, placing this nation at an even greater comparative disadvantage and threatening its position as a leader of the Western World."

My experience: I have worked for 22 years at the Watzel Foundation in South Central Los Angeles and worked with the California Black health network for 10 years, but it was within the last 6 months in the City of Inglewood that I really found out that we were at risk.

It happened at the corner of Florence and Sixth Avenue as I was making a turn. Suddenly, a car went around me and, as I looked over my shoulder, I heard shots. Before I realized what was happening, I was in the middle of a drive-by shooting and luckily I escaped.

That immediately registered with me. And, as a member of the Band of Men of Ward A.M.E. Church, I said, "Something needs to be done." At that time, Danny Bakewell and the Brotherhood Crusade had begun to talk about how the church and the community could get involved to take back the community. Ward A.M.E. Church, through the Band of Men, went out with all of the other community representatives and elected officials. We met at Green Meadows Park, and we decided that in a 50 block area around Avalon Garden, the community would go into that community and work on taking back the community.

We were committed to working from 8:30 in the morning to 11:30 on Saturday mornings. I think I've been in Avalon Gardens at least five Saturday mornings. I met two young brothers, one named Lloyd and another one named Floyd, and saw some other brothers. When you try to get to them, you call them, and they do this and this and they start cursing and have a beeper on them, and you say, "Hey, Brother!" They don't understand what you're talking about, and I didn't know what that was all about until I realized that, "Hey, I've been calling him a gang-banger all this time, so I don't think he'd recognize the word 'brother'."

But after I went up to him, explained I was not a policeman, but I was a brother that had worked in the community for a long time and I was concerned. I left him with "God loves you," and the brother kind of eased up. I shook his hand, and I left there saying, "Next week, I'm going to go back and look for Lloyd and Floyd." I can guarantee you that was my mission to go in Avalon Gardens without red or blue on and find Lloyd and Floyd.

Luckily, I found Lloyd and Floyd, and again, I just approached one of them, shook his hand, and asked him how he was doing. That morning I met his mother and explained who we were. His mother even said, "That's who you need to be talking to."

So we've been doing that for six weeks, and based on the

evidence and some of the articles that have been printed, and even the police department has admitted, the violence and drive-by shootings and everything else related to crime in Avalon Gardens has been reduced, I think from 40% to 60%, and that was without any additional resources other than the resources, I think, that were provided by Brotherhood Crusade. So it can be done.

I will be short and to the point, and try to wrap up my comments.

There are four people that I promised I'd introduce to this panel. They are youth from Fresno University: Adrian, Sonia, Rodney, Patricia, and their instructor.

How can we deal with the problem? I have eight comments to make to this body, and we are experienced in submitting proposed legislation with Black health agenda. That is how we were successful with AB 1561. We say that these are things that need to be done.

We need to start with community empowerment. We need community education. We must educate our people to expect better educational standards within our own communities.

We must also deal with the problem of manpower and careers. We must be supportive of Black colleges where applicable and, in particular, with the King Drew Medical University. There's a situation where we have a magnet school, a medical school, and a hospital within a block radius. A kid can start elementary school in Watts, go to high school at Markham, go to a magnet school, and end up a doctor right in his own community.

Institutions: We must make institutions accountable to the needs of African American people. The best example of that is the institutional racism that we are fighting with Maxine Waters, Assemblywoman Hughes, Assemblymen Murray, Tucker, and the rest. You know that the problem lies with the Board of Supervisors. The Board of Supervisors must go: Antonovich, Dana, and Shibara. We want all three.

Politics: It is incumbent upon African Americans not only to have legislators who look like us but have legislators who are accountable to us.

Economics: We must do more than consume the products of America. We have to encourage our youth to become entrepreneurs in every business other than crack.

Interracial cooperation: This is a new one. We must develop long-term obligated relationships between Black middle-class males and Black under-classed males. I'm talking about the youth that are at risk, and it's through the commitment and example of situations where I take off this suit on Saturday

morning, put on some sneakers, and just try to relate to a brother and find out why he's doing what he's doing. We must talk to our brothers.

Social: We have many social institutions, sororities, fraternities, social clubs, churches which have ignored the needs of poor African American youth.

The legal penal system: It was interesting, the group who came up before us who represent that side. We have to begin and continue legal actions around issues which impact the growth of our community, particularly the problems of crime, infant mortality, and AIDS. We must stop the flow of African American youth into prisons.

Last but not least, institutional racism: As educated and professional people, we have to be clear that racism is alive and well in California and America. It is a fact that in relation to all decisions made by so-called majority people in this country, we must be cognizant and confident in ourselves to call racism by its name.

In closing, ever since the Revolutionary War era with its many benevolent societies, Black churches and similar self help organizations, including the underground railroad, African Americans have consistently believed that they should work together to achieve their goals.

Thank you.

CHAIRWOMAN HUGHES: Thank you very much. Any questions from the panel?

All right. Thank you.

All right. W.J. Brandy Moore, Chair of the San Francisco Black Coalition on AIDS.

MR. W. J. BRANDY MOORE: Mr. Speaker, honorable committee members and guests, I am W. J. Brandy Moore. I am an assistant to Assembly Speaker Willie Brown in San Francisco and I'm proud to address this body this afternoon.

I am also chair of the San Francisco Black Coalition on AIDS, an advocacy group of people made up of nurses, doctors, lawyers, community activists, and health care service providers. Who are dedicated to assuring that the funds are available, that emotional and practical support networks are in place, and that policy and legislation is reflective of the need and concerns of African American people.

Our concerns are about recent increases in statistical figures which suggest that women and children bear a huge burden

of the human immuno-deficiency virus. We are frightened about that because it is a clear signal that our mothers and our future are dying, and without our mothers and our future, men have no future.

We're disheartened that the methods utilized by the print and the electronic media suggest all of the negative aspects about our lives as African Americans, but seldom do they delineate ways in which public health departments, local and statewide agencies, can be made more accountable and accessible to our population group.

Our efforts have been to seek communities, to bring the discussion about HIV AIDS into churches, into schools, and social situations where the African American family can question and determine its need in terms of treatment, care, and services. We have adopted and advocated the necessity for educating young men and young women about HIV disease in teen pregnancy agencies and teen fathers' programs. Our coalition has fought for the inclusion of women's needs in clinical trials and the development of housing and residential care services, especially for mothers and children who are infected with HIV disease.

Statistics about AIDS in the African American population suggest that youth are especially at risk. Where youth are concerned, there's very little information made available publicly about the impact of the disease, and as you heard earlier, most youngsters who are African American and who are tested about the impact of HIV disease come up with a low percentile score in relation to other youth.

Because of the small number of reported cases of HIV currently among adolescents and youth, everyone feels that to take some action is premature and without merit. I assure you that that's not the case. There are studies which show the high rates of adolescent sexual activity, sexually transmitted diseases among adolescents and unintended pregnancies, which indicate that adolescents in our population group may unwittingly pick up HIV disease.

My concern is, and the concern of the coalition is, that African American youth are indeed at risk, and for that reason they must be educated about their risk and their behaviors must be changed.

Among sexually active girls, for instance, at the age of fifteen to nineteen years old, two thirds of those young women report no use or ineffective use of contraception. Less than 12% of these young women have had their partners use a condom during sexual intercourse.

We all know that HIV is believed to be transmitted -- moreover, we know that that's a fact, that HIV is transmitted

through sexual activity that is unprotected. If young women can't protect themselves and if they can't negotiate the skills to persuade their lovers to use condoms, then our community is at special risk.

Where males are concerned, it is estimated that one in seven teenagers will be diagnosed with a sexually transmitted disease in 1989. All the while, the rates of STD's are higher among adolescent youths than in any other age group. According to the Center for Disease Control, at the end of 1988, youth in the age range of thirteen to nineteen years old had reported 319 cases of HIV diagnoses and these figures represent 0.42% of the 79,000 reported cases at that time.

However, among these youths, African Americans represent 34% of the total.

In another consideration, the national survey of 130 high schools has shown that two-thirds of the seniors asked reported drinking and 25% reported using marijuana the last months of the study, which was done in 1986.

Lastly, there is one other survey which illustrates that 5% of those youths between the ages of thirteen and seventeen, of the youth from sixteen to nineteen years old, and I'm talking about boys, reported having had at least one homosexual experience. Where such experiences have occurred, 56% of these young men report that such behavior is still taking place and that it began when they were in their eleventh and twelfth years of age. Two percent of these boys report that they are still having current homosexual activity. There is no information about whether that activity is protected or unprotected, but we know there is an imminent danger there for the African American population.

In saying that, I'm not trying to present a homophobic air. What I'm saying is that whatever the choices or sexual orientation of young males of the African American population, they must be given information that suggests that they change their behavior if it's unprotected and that they take precautions to take care of themselves and whoever their partners are.

I would suggest to you that these root issues point out a seething problem in relation to the plight of African American youths. Yes. Indeed, they are at risk. They are at risk from birth until death. Simply put, the importance of developing policies and programs is what I have been about and what I think members of my coalition have been about. We need to develop policies and programs to meet the needs of youth. In everything that we do, we insist that young people be brought into that picture in some way so that they can have some inclusion, develop some ownership of HIV disease.

The print media in California and the United States has suggested that HIV disease is all about gay White males. I can suggest to you that in the northern states of the United States, Pennsylvania, New York, New Jersey, Massachusetts, HIV disease is the number one killer of young people between the ages of 21 and 29 years. Many of those are African American. If you've read the statistics from Centers for Disease Control (CDC), you are probably alarmed that so many Black and Hispanic, and I mention Hispanics because many Black people identify as Hispanic, given our relationship to Puerto Rico and the Caribbean Islands, etc., if so many of us are dying then it is clear that we must take action now, beginning today, if we haven't taken action and, looking back on our past, to develop comprehensive strategic programs that give us time based activities so that we can see where we are as a community.

I am honored that Speaker Brown has allowed me, as a staff member, to travel to Washington, D.C., to meet with officials in the public health service to discuss a strategic plan of action for African Americans, not only on HIV disease but other health care issues. In meeting with Secretary Mason and Director William Robinson of the Office of Minority Health, I've convinced them that across the country, African American people must be given a prime attention level for dealing with HIV disease. We don't have a lot of time.

As we consider the figures here that you've heard from Dr. Evans, from Dr. Maisonette and others, it is clear that we must be about the business of adding community based programs where they don't exist now. In Los Angeles, in San Francisco, San Diego, and Sacramento, these community based programs must have a component for dealing with young people, dealing with young people not as if they are tools or just numbers but including them in the program design and development. Also, these young people must have clear educational messages which they understand and in the language which they speak to each other. By bringing young people into the picture and helping them understand the impact of the disease, we will be taking a serious hold on our future, and perhaps we can end HIV disease once and for all.

ASSEMBLYMAN TUCKER: Our next speaker will be Mr. Aaron Crutison, Director of Education, AIDS Project of East Bay.

MR. AARON CRUTISON: Thank you. I guess it's good to save the youngest presentation for last.

I want to thank you for adding the AIDS Project of the East Bay to your agenda.

What's different here from our other colleagues up front is that I'm representing a different community across from San Francisco, and that's Oakland, California, the AIDS Project of the East Bay. We see ourselves as the ones that are in the trenches,

and what I mean by the trenches is that we're out there in the community. We are out there knocking on the doors. We're out there walking in the moccasins of our people. We understand what this disease is doing on a daily basis.

I'm going to refer to some of my notes that I have prepared for you today because I think it's very important that you understand the make-up of the Oakland community area versus the difference in San Francisco areas.

The Oakland area continues to face problems that are equivalent to, as we call it, genocide, or loss of Black generation. There is almost no area in downtown Oakland alone where our agency is located where one could drive by and not notice Black men and women who are referred to as "toss-ups" or "raspberries" on the street corners, trading sex for money to purchase crack cocaine.

AIDS and crack and the destructive use of sex as currency to purchase drugs is devastating our community and is having a catastrophic effect on our youth. Due to the fact that the African American community has historically been under siege at any given time, whether it is the infiltration of drugs into our community and schools, sexually transmitted diseases, the Black self-image problems that are the result of our history not being a mandatory part of our studies, hopelessness and its effects, and the mandatory repercussions of AIDS, many of us choose to ignore any "new" problem that might come up in our already stressed community. Additionally, many of us choose not to self-identify with the African American community due to the fear of embarrassment if we identify.

AIDS and crack and its effect on the Black community crosses all class lines. Many of these people that we see on the corners selling their bodies to buy this drug are women of childbearing ages. Some of these women are HIV positive and have babies that are born HIV positive who quickly go on to develop AIDS and live two years after birth if they're lucky.

In some cases, the older children of parents on crack are victims of physical, mental, and sexual abuse. On many occasions, these young people run away from home at ages as early as ten possessing no skills to obtain a job. They learn to survive on the streets by participating in the selling of drugs. The connection between drug abuse and sex is also known as prostitution, and we call this survival sex.

Obviously, these behaviors put these youths at great risk for contracting the AIDS virus. Again, these children come from homes of all economic backgrounds. Many of these young men on the corners, who are also referred to as "toss-ups" are not necessarily homosexual. The majority of the activity they participate in sexually to gain money to buy drugs is homosexual

activity. Several of these men have relationships with women who are not aware of their drug problem and subsequently become infected themselves.

Alameda County alone, specifically, has the second largest number of women with AIDS in this state. Alameda County also has the largest growing number of AIDS cases among Blacks of any county in the state.

The statistics reported by the Center for Disease Control are not accurate. Many Black and poor people die at home, and if they are homeless, their inclusion into the national or local statistics is nearly impossible.

It is important not to look at the spread of AIDS in the Black community as a result of prostitution or crack alone. AIDS is not new to the Black community. Many of the Black people who died of AIDS in the late seventies were listed as drug overdose victims when, in fact, they died of AIDS. Many of these people who are getting infected are intimate or sexual partners of someone who is HIV positive. When a person becomes addicted to crack cocaine, it's a contradiction to expect one who is willing to do anything, including destroy their bodies, to get high to take precautions when having sex, especially if the sex is for money to purchase more crack.

I'm sure many of you have heard about the so-called second wave, meaning that AIDS is getting Blacker and Blacker. Even though the government is aware of this situation, the majority of the money being spent on AIDS continues to go to the White communities, not exceeding $7 and $8 million, yet the majority of AIDS agencies reflecting people of color service these populations with a budget of a half a million dollars.

What's wrong with this picture? Why isn't AIDS funding proportionately allocated to reflect the so-called change in the epidemic, i.e., the second wave?

At my agency, we have Black clients who are as young as two years of age and black teenagers as young as thirteen. The AIDS Project is committed to impacting this problem, and we continue to make inroads to the historically under-served and so-called hard to reach communities, but we need your backing, whether it be politically or financially. Your support is critical to ensure that our youth and other populations are treated effectively.

In many of the programs that the AIDS Project does have, we go door to door, we're out there in the crack cocaine population, we talk face to face, one to one. That is very effective within our community.

I, as director of AIDS education, would not put someone

who is not a person of color into the Black community to tell my people that they are getting this AIDS virus. It's very important that they see a Black male or Black female or a person of color that they can relate to culturally in all of those areas.

As we go into these communities in Oakland, they continue to see this disease as a White gay male disease. So therefore, we must raise the issues. We must raise the consciousness.

We also realize that AIDS is just another risk that we, as people of color, have to take all our lives in this country. Our people have assessed AIDS and have added that on their list of risks, so therefore, we not only can go out and talk about and educate using the Eurocentric model of talking about AIDS and HIV transmission, but we must empower our people and talk about their self esteem and empowerment on all levels so they can hear that AIDS is just another part of the larger problem.

CHAIRWOMAN HUGHES: Do you have any AIDS education or AIDS prevention education in the Oakland schools?

MR. CRUTISON: We have a program that's run by Dr. Mary Davis from Alameda County in the public schools. It is something that's run for seventh through twelfth graders.

CHAIRWOMAN HUGHES: Is it extensive? Is it in all of your schools or only in some of the schools?

MR. CRUTISON: It's in only some of the schools. It's up to each particular school and unified school district to develop their own curriculum within the program.

However, most of the high risk youth that we do reach are not in the main stream school system but they're in alternative school sites, and they have no program.

CHAIRWOMAN HUGHES: Thank you very much.

Mr. Tucker.

ASSEMBLYMAN TUCKER: Yes. Is it your opinion that our youth are at risk as much as they are targeted?

MR. CRUTISON: There is no question in my mind that our youth definitely are at risk.

ASSEMBLYMAN TUCKER: But are they targeted?

MR. CRUTISON: They are not targeted with cultural sensitivity in those areas where they need to hear the message. They are not receiving this message.

What I mean by that is yes, on paper they may be targeted, okay, but in actuality, they're not being targeted because they're not receiving the message the way it should be conveyed.

ASSEMBLYMAN TUCKER: Which means they are being targeted.

MR. CRUTISON: I would argue with you on that.

ASSEMBLYMAN TUCKER: What I'm saying is -- Let me explain what I mean by targeted. I mean, we have the information. We have the knowledge. We know what we're supposed to be getting out to people, but that message is not getting out to our people, and that's what I'm asking. Is it because we're at risk, or is it because we're targeted? Is it because they don't want us to be here later?

MR. CRUTISON: I mean, you hit it on the head. I don't want to stand here and expose the system for what it's doing to our race.

CHAIRWOMAN HUGHES: Expose it. Expose it. We don't care.

MR. CRUTISON: But it is important to hear that no, in actuality, we're not being targeted.

I feel that AIDS, along with prenatal care and a lot of other health issues are targeted to our people, but only if it affects the White population. Only then will we raise money and make sure the programs are effective, but as far as our community is concerned, it's not a main target to target our people.

I know the drug addicts that we reach and the crack cocaine addicts. They know about HIV transmission, but what do you do when you can't get a job, when you can't feed your family, when you can't enroll in a school, you can't move up the ladder of the social scale? What alternatives do you have? When I, as an educator, come in and talk about HIV transmission, that means nothing to them at that point in time.

CHAIRWOMAN HUGHES: Thank you very much.

All right. We have concluded our health segment. Now we'll get on to education, and I'm going to ask for the education witnesses and experts to come forward as I call your names, and the people who are exiting to please exit quietly. I know you've been very patient and very kind, but this is a very important segment.

IV. **EDUCATION**

All right, Dr. Shirley Thornton, Deputy Superintendent of the Special Programs Branch, State Department of Education; Mr. Dennis Parker, Administrative Office of Instructional Strategies from the State Department of Education; Dr. Harold --

Would the sergeants please see that the people who are standing find seats? The people who are exiting, please exit quietly.

Dr. Harold Dent, Vice President and Secretary of the Psychological and Human Services Corporation; Dr. Rodney Reed, Professor of Educational Administration, University of California, Berkeley.

All right. We're doing pretty well for our schedule.

Our first witness, Dr. Shirley Thornton, Deputy Superintendent, Specialized Programs Branch, State Department of Education.

Dr. Thornton.

DR. SHIRLEY THORNTON: Thank you very much for allowing me, once again, to come before you. Each year we have been able to do so. This is my third year with the department, and when I first came, I brought to you problems and a lot of statistics saying that we were in trouble, and as we see from the data, we are still having problems.

We do have some good news about one of the programs we've begun working with at the state department because we realize that we are not going to have successful schools until we have successful communities. The only way we can do that is to get a handle on what are the needs of our communities, what are the needs of our young, and how do we bring them the resources of the service providers. We know now that upwards of seventy-six cents of every dollar goes to service providers and not necessarily to the recipient.

So if we're ever going to turn the poverty industry around, we have to make sure that the patient gets well so we can maybe start looking at some other things to do.

As we look at serving our young, I think Ron Edmonds has said it the best, we know all that we need to know to educate African American children in our country. What we do have to do is to decide that it is in our interest to do so.

We make the decisions that we're going to have educated masses, and we've heard today that many of these programs, to be successful, have required our bodies to be a part of them. Avalon is different now because the people decided they

were going to make a difference.

The program we've set in place is administered through my office, Specialized Programs. We're in charge of vocational ed, special ed, 200,000 pregnant teens, the CYA students when they return to us, and I say students, not inmates, students, the adult programs, GED, all of those programs fall in specialized programs along with special ed, state special ed schools.

To bring all that together was impossible without a system. We, then, sat back and said, "If we were to make a difference, how would we do that?" So we began to problem solve, to, one, look at what are the resources, what's the data that we have? SB 813 has very clearly laid the roadmap, but how do we implement SB 813 in our state?

To do that, we had to call together teams, teams made up of the school members, community members, parents, business world, representatives, and tie together those programs out there that say they work for us, look at cities and schools, look at foundations, and begin to say, "We are a team to make a difference in the lives of our young people."

I have given you a packet of material that I hope you would share with your staff and have them review it to get a handle on what are we saying. To the California Local Education Reform Network, we said you must have a reason for existing, and our reason is to educate all children, but mainly this program is in schools that are heavily impacted.

We then said you must have a systematic approach of staff development and in-service. So we have tried, and what you have is an example of the orientation tape and Phase One, so not only do you get to read what the process is about but, for those of us who are visual learners, you also get to get a video of it to make sure there is not doubt between what is written and what is said.

The process shows you how to bring together a site leadership team, how you bring together a mission statement team, what would go in the mission statement, why do schools exist. If we say they exist to educate children, then every mission statement must include the words "significant academic achievement for all children." Once we got that mission statement in place, we began to systematically ask the questions: What will cause our children at a specific school not to be successful, and then, once we get a handle on what are those impediments, we must then look at who are the people who can resolve those problems.

The minute we do that, the problems of our school immediately go beyond the walls of our schools. It goes into the community. It talks about parental involvement. It talks about parent education. It talks about the social agencies and what

they are and what they are not doing as it relates to the whole system called California. It relates to that individual school because we know, two schools, ten blocks apart, one is an exemplary school with all of the state honors and the other one is the school with the lowest CAP scores. We know you can't even say it's because of the community. We know that within a school we say all students can learn, all teachers can teach, and the only variable is that school. If we start saying some kids cannot learn from the state level, we have to prejudge. If we start saying some teachers can't learn, we have to prejudge. We must say let that information develop as the school moves through this particular system.

Once we get through that, working with the superintendent because the state cannot come in and change schools, we must supply a technical assistance with other service providers working in concert with the superintendent and with the board and with central office as we pool our resources to serve them. This entails a three to five year commitment. Change is not quick. Change requires a commitment.

You must have data, and because of SB 813 and other programs, we have data on every school that lists the attrition rate, the drop out rate, the GPA rate, the amount of dollars going into those schools. It's not that we don't have the knowledge. We're not using the knowledge, and we're not using the knowledge as a doctor would use an x-ray. Once you identify the problem, we must determine how we will best use that knowledge to remediate or treat that problem based on our resources within that community.

Why programs such as Cities and Schools? They are funded by the Office of Criminal Justice, Health and Human Services, and Office of Education. Their role is to come into a community and work with the corporate structure and those service providers as they bridge to the community.

Why foundations? In the packet I've given to you, Marin Community Foundation has given a $1 million initiative to a community to work through CLERN with Lucas Films. For private foundations to give that kind of money, they have obviously researched and agreed that this program will deliver what it is supposed to deliver.

In the audience, we have Dr. Williams from Val Verde. One year in the program, and their scores have gone up two years through JTBS.

Why is it working? It's working because we know, as the late Ron Edmonds has said, when we identify the problems and when we agree, we will correct those problems. We begin to see the difference.

A part of the program requires that the site leadership teams come to summer institutes. In the packet you have, there is a north and south institute. The site leadership team comes. The site leadership team is made up of the principal who, hopefully is an instructional leader. Now, there is an instructional leader on that team. There are parents on that team. There are teachers on that team. There are board members on some of the teams. There are corporate people on some of the teams. The school decides who will serve.

The second year, the site leadership team comes to a summer institute. This last summer, we had seventeen curriculum leadership teams, and they were sponsored by Adrian Bailey through the College Board. They brought to us teachers from all over this country who were working in classrooms with Afro-American students who were going on to colleges and universities. What we were working with was not if they should take algebra but, given that algebra is the gate-keeper to all advanced classes in high school, how do you teach it? This model does not work on pathology. This model works if we can identify the problems. Then we can collectively solve the problems.

I just wanted to bring you a little good news.

CHAIRWOMAN HUGHES: All right. I've heard a lot of good positive things about CLERN and CLERN is really an acronym for the California Local Educational Reform Network; is that not right?

How do you choose districts, where you are going to implement the CLERN program? For instance, Val Verde is back there in your cheering squad because it's evidently been successful there. How was Val Verde chosen, and what is your criteria for involvement?

DR. THORNTON: The only criteria we have is that the superintendent identify his or her schools because it is not for me to say which schools are or are not successful. Their schools must be willing to go through the diagnostic process and accept those facts relating to the school's lack of success when the problems are identified, because they will end up with two booklets at the end of the diagnostic phase. You don't have the booklet because these are school-specific and I don't think they would want me to share their innermost secrets with you.

CHAIRWOMAN HUGHES: Well, if they get into trouble, they'll be glad to share.

DR. THORNTON: Well, yes, they will, but I would rather they share it, not me.

CHAIRWOMAN HUGHES: Well, they'd better be honest and open.

DR. THORNTON: But what they end up with is an intervention document that shows their critical paths to being successful, and then they end up with a supporting document that shows, of the statements identified, who said what. What did the teachers say about that problem, what did the community say about that problem, what does the support staff say about that problem, and what was the combined score.

How does that make a difference? In many of our high schools, the teachers and administration believe that the kids are dropping out because the kids are going to work. When you look at what the community says about that, the community knows their kids aren't working. So you have schools saying, "Well, they're not here because they're working," and the community is saying, "That is not significant because our kids are not qualified to go out and get jobs."

As long as that belief system is at such a level of polarization, someone has to come forward and say what really is the truth. The truth, then, has to be based on the data. You would know, of those kids who dropped out three months ago how many of them are really employed. How will we know who is telling the truth, the school or the community? Come up with the data, and the data, when all else fails and our words fail and our opinions fail, the data will give us what is the truth.

Once we realize that they are on the corners and they're not working and they're not in JTPA because they're too remedial, and they're not in our adult schools, they're not in our Rockwell programs, the community then has to say, "We were right. Our kids are not in school. They are not working. What do we do now to get our youngsters to work, and how do we modify JTPA and how do we modify our adult programs to get them into training programs and off the streets?" The truth has to come out once that is determined.

We now have worked very closely with SIP and school-wide programs, thanks to HR5 and others. We are now with school base. They can pay for the program out of SIP, out of Chapter One. Those things are not the issue. The only criteria for CLERN is that you're willing to review what is discovered and that you are willing, in a collegial, collaborative partnership, to work to make a difference. The difference is determined by the students' outcomes as evidenced by the barometer established by our state, which include CAP scores, drop-out rates, CTA assessments, SAT scores, all of those things.

ASSEMBLYWOMAN HUGHES: Thank you.

This is a wonderful scientific approach to a program, but we've got so many problems. I know you had a problem deciding where does one begin, and I look down here at the laundry list of schools that you have serviced, it is evident that Compton has

been extremely cooperative because probably their superintendent was cooperative and that helps, right? And then I look at Los Angeles and, of course, Los Angeles has only about eight or ten schools in the program, and Los Angeles is a major, major problem. That is the battleground for drug abuse and high drop-out rates, crime, under achievement, and so on. So that means that I need to talk to my superintendent. He's not as cooperative as he should be, so then I contrast Los Angeles to other places where participation levels are higher.

No. I just want to call it like it is. You're not saying it. That's me. The recording has Teresa Hughes voicing these concerns.

Okay. And then I look at some other areas listed here. I see Fresno is a little bit involved, San Bernardino is a little bit involved, Richmond is a little bit involved, Oakland is a little bit involved.

You see, this is what boggles my mind. If we find something that works, why doesn't it take fire other places? Perhaps if it's within the realm of possibility for you to report to BAPAC the list of school districts where you would like to further infiltrate and gain the assistance of a cooperative superintendent, maybe then we can help that superintendent to become more cooperative.

DR. THORNTON: Thank you very much. That would truly help. Thank you.

What I would like to say is remember what happened last summer at CSU Northridge, because I do want to give credit for Dr. Herb Carter and all who've been working with us. Dr. Dent also is working with us in the special ed area with some pilot programs, and we have a Dr. Figueroa dealing with Diana, and as you know, Dr. Dent deals with Larry P. Last summer for three and a half days we had 23 of Compton's 35 schools represented at CSU Northridge.

These were site leadership teams, and for those three and a half days they focused in on what we have to do as a district, not merely as individual schools, to pull together the resources to begin to make a difference in our community. There were parents there who said, "You know, we have Mothers Against Drunk Driving. Why doesn't someone form a club, Mothers Against Gangs, because you, again, have all this energy and caring and love that has not been vocalized."

Mothers Against Drunk Driving is a middle class effort. Mothers Against Gangs does not have the entry into the corporate rooms that Mothers Against Drunk Driving has, but you have that same amount of energy and that same amount of caring. If we brought those mothers together and served as a support group, but

then allowed them to do as MADD has done, which is to really go out and permeate our whole community, look at the energy and resources that we would get at no additional cost. It's that type of goal we are striving to attain.

ASSEMBLYWOMAN HUGHES: May I say to you that I want you to remind superintendents as you visit with them that I did not write SB 813, the major education reform bill upon which you patterned this program including a local education reform network, only for one or two districts in this state. I wrote it for the entire state.

DR. THORNTON: Thank you very much.

ASSEMBLYWOMAN HUGHES: All right.

No questions from my colleagues?

All right. Dr. Harold Dent, Vice President and Secretary of Psychological and Human Services, Incorporated.

Dr. Dent.

DR. HAROLD DENT: Thank you, Assemblywoman Hughes, Mr. Speaker, and the other distinguished members of the California Legislative Black Caucus.

I'm Harold Dent, and this is my colleague, Dr. William Pierce, and we are psychological and human resources consultant. We thank you for the opportunity to be here to share with you the work that we're doing with one population of high risk youths, and to bring to your attention our concerns about another population of high risk youths.

The work that we're presently doing is related directly to a landmark decision of Judge Robert Peckham relating to the Larry P. case. In the Larry P. case, Judge Peckham found that standardized tests of intelligence were culturally biased and should not be used for purposes of placing Black kids in special education.

At the time the suit was filed by Black parents in the state of California, Black students represented only 9% of the students in the total school population but yet they represented 27% of the students in special education. While the suit was filed almost twenty years ago, that condition still exists. Black students are grossly overrepresented in special education programs throughout the state, and we are focusing on one aspect of this gross over-representation.

I also want to mention that studies have indicated that two-thirds of those Black students who are in special education are inappropriately placed, and we're focusing on trying to reduce

this overrepresentation. We have a program that is sponsored by the State Department of Education through the auspices of Dr. Thornton's office to reduce this over-representation and to bring attention to the fact that Black students are at-risk in the educational arena.

The program is designed to look at different modelings of the educational needs of students, and currently we're working in four cooperative school districts of one region of Los Angeles. That regions happens to be under the superintendence of a fantastic superintendent who has been very cooperative with us --

CHAIRWOMAN HUGHES: What's his name?

DR. DENT: Dr. Robert Martin.

CHAIRWOMAN HUGHES: Hey, that's all right.

DR. DENT: He represents Compton Unified School District. We are in six schools in Compton, Del Paso Heights, and Hayward Unified School District.

The program that we're operating focuses on how children learn, not how much they have learned, and we want to look at how children acquire information and how we can help them develop effective learning strategies.

The approaches that we're using employ the test-teach-test method. In other words, you give a child a problem, you ask him to solve it, you find out what he does, you teach him a strategy, and you see how he employs that strategy to find how to intervene and therefore improve his or her effectiveness in learning.

This approach has proven to be more effective than the standard traditional methods of giving a child a test and basing your predictions on the only measure that you have.

What we find is that the second measure, the post test measure, is a much more accurate predictor of future performance and future behavior of that student.

The evidence that we've gathered so far in other places across the country indicates that this approach has tremendous promise for educating Black students. The focus of our effort is to reduce the over representation of Black students in special education, and if we are successful, we can eliminate this over-representation.

By eliminating this disproportionate representation of Black students, we will make available opportunities for other students who truly need special education. We will also gather information to help the regular education teachers learn

appropriate strategies for teaching Black kids to improve their educational performance in regular classrooms. We also know that children who are labeled handicapped, learning handicapped, who have no obvious or observable organic impairment, are children who are at greatest risk to drop out of school, and if we can be effective in identifying their educational needs and developing the strategies to remediate those problems, we will make an impact, we believe, on this issue of drop outs.

Therefore, we recommend that the legislature provide adequate funding for these kinds of programs so that we can identify, one, the child's needs effectively and, two, develop the educational strategies so the teachers can train these students to be more productive and effective learners.

I'd like Dr. Pierce to talk about another problem that we have encountered in this situation.

DR. WILLIAM PIERCE: (INAUDIBLE) We are making an assessment of the child's needs. We call it non-biased assessment, assessment of a child's functioning rather than his "intelligence."

CHAIRWOMAN HUGHES: How do you convince some large urban school districts who have psychological testing departments that the battery of tests they administer to our youngsters to pigeonhole them, then place them in the appropriate classes is not justified?

DR. PIERCE: First of all, I have to say the federal ruling outlawed standardized tests of intelligence on Black children. Compliance with that standard is one of the things that needs to be enforced more rigorously.

CHAIRWOMAN HUGHES: Yeah, but what happens when a parent is called to school and they tell you that your child is having difficulty and they want your permission to give that child a test, as a parent you're scared to death, and you say yes? I did, and they found out my two kids were gifted, but if the reverse had been true, what would I have done?

DR. PIERCE: There are ways to identify giftedness as well as children's educational needs without using standardized procedures.

One of the things that's very clear is that the educational training institutions in this country are still in what I would call the Neanderthal age because they still rely heavily on standardized tests. We have all been made aware in Psychology 1 class that these tests are inappropriate unless they're used on the populations for which they were developed. They were not developed on Black people, and so the entire testing regime that we have in education is inappropriate for Black and

other minority students. I think we should recognize that there are teacher training and graduate programs throughout the country that still insist on preparing people to administer these tests.

CHAIRWOMAN HUGHES: Further questions? If not, then we go right through to our next speaker?

UNIDENTIFIED SPEAKER: May I ask Dr. Pierce to talk about another population?

CHAIRWOMAN HUGHES: Oh, Dr. Pierce. You weren't on the agenda. That's the only reason I didn't call you. I'm not ignoring you.

DR. PIERCE: I don't feel bad about it at all. I can't tell time in terms of ten minutes.

CHAIRWOMAN HUGHES: Yeah, but I'll help you. I'll help you. I'm looking at the clock here.

DR. PIERCE: In the process of carrying out the Larry P. project across the state, teachers have come to us with a new problem that I think represents a very important high risk population that we need to take some serious interest in. Teachers have expressed concern regarding their difficulty in managing the crack cocaine exposed child, the kid who's coming into school. We can predict and expect that these crack cocaine exposed children will be coming into the classroom in greater numbers.

We don't know very much about this. We know something's wrong, but we don't know exactly what is wrong because we haven't had experience with this new high risk population. The study that was done very recently in San Francisco to take a look at the overview and impact of treatment regarding pregnancy and cocaine use, reported that at the preschool age there are no formal research studies to provide data regarding the preschool aged cocaine exposed child.

We feel that we need to try to focus in on this age group because they're going to be in the schools more and more. They suffer from mental health problems, there are neurological problems, there are educational problems, there are social service problems.

We need to take a multidisciplinary approach in looking at this population in terms of the medical field, health field, educational field, and social services field, and we also need to take a longitudinal look at this population five to seven years at least, preschool to puberty. A lot of things happen to a person's body. We don't know how these developmental changes are going to affect the behavior, the potential of cocaine exposed children.

What we want to prevent is another group of Black children being labeled because we don't fully understand the issues they face, and then segmented off into the special education class where their education is limited or unjustifiably curtailed. So we ask the legislature to support projects that focus on crack exposed children, starting at a preschool age, using a longitudinal study and a multidisciplinary approach. We are about to lose another generation of Black children.

CHAIRWOMAN HUGHES: Thank you. Thank you very much.

Now, before I get to our last witness, I want to address Mr. Dennis Parker, who is an administrator with the Office of Instructional Strategies from the State Department of Education. Dr. Thornton, if you want him to make any additional remarks or if he has anything to say, I'd like him to participate. As a minority, I'm sensitive to minorities, and you are a minority in this room. Would you like to say anything?

MR. DENNIS PARKER: That's a dubious invitation, if I ever heard one.

CHAIRWOMAN HUGHES: That's a reality.

MR. PARKER: It is a reality. I couldn't agree more.

It's like I heard a few years ago that Hawaii was the first state in the union to have a majority minority, and when you say first, that implies a second state, and that reminded me of when I used to introduce my wife as "my first wife," just as a joke, and she took me up on it.

And California now is the second majority minority state, and I'm very sensitive to that, and I come to you from the Department of Education.

I've been working in bilingual programs since I've been there, except for the last three years. I've been with the school improvement program which deals with all students in all schools and trying to make schools turn around and make themselves successful with all students.

I guess I think it's the schools at risk and society more than the children in these cases. Most recently, I've been made manager of a new office. The new office is a new initiative in the department to look at instructional strategies that are most effective with students that typically do not fair well in our school system, and this is a new phase, you might say, or the next logical step in a department effort for educational reform here in the State of California.

As you're aware, through SB 813 and through initial efforts at reform by the State Department, the big focus has been

on expectations, on higher standards, getting kids to take more college prep classes, improving the content of those classes, improving the organizations structure of schools, and improving accountability through testing.

It's now time to begin looking at what are the most effective teaching practices because we don't want access to a more rigorous curriculum to start squeezing out Afro-American students and Hispanic students, or special ed students who have been mainstreamed as a result of a stronger curriculum. The issue now is how do teachers make these students just as successful as, say, upper middle class students in the curriculum, and that's my task in developing an agenda through this office. This is one of the things that the department has begun to undertake to address at risk students in the classroom.

I think I agree with Shirley very much. The department, as you know, is not a homogeneous institution, but we all pretty much agree on some things, and one of the thing that we agree on is that there really are no more excuses. This is beginning to be a popular concept within the department, and beginning to find its way into the schools.

There are no more excuses for students not doing average or better in academic achievement. This is truce, despite the fact they come from low-socioeconomic status or they have that factor that bears down on them. Despite of the fact that they may be from a culturally different group than the so-called mainstream despite the fact that they may not speak English proficiently, despite the fact that their parents may not have a good education, we can no longer accept any excuses for the fact that these students don't do just as well as the upper middle class white kids. We think that these students can and that the information regarding how to bring this about is available, as Dr. Thornton has suggested. The information is available, but we have to begin believing that this is possible.

One study that was done just recently out of the Office of School Improvement regarding schools in California with 60% or more minority students. We looked to see which of those schools were successful, or how many successful schools do we have in this state and found examples supporting the fact that we don't have to accept any more excuses.

We found several hundred schools using different measures. For example, California Distinguished Schools measures, CAP measures, and identification by the Compensatory Education of exemplary practice. We found several hundred schools in California, with 50% or more minority students, that are doing extremely well, either making large gains beyond what most people would expect of those kinds of schools or else doing as well or better than average middle class White schools.

So our goal, then, is to begin to disseminate the information. That is going out to about 10,000 people who are being trained to do school reviews this year. Those figures are getting out, and as an example of the fact, we do not have to accept poor performance either of schools or of children anymore. By the way, to address my colleagues on the left who felt that testing is biased and discriminatory against Black youth and Hispanic youth -- I think it's biased and discriminatory against all youth. The way standardized tests are being developed, especially the way they're developed to separate and sort out kids into high, middle, and low skill levels in spite of the fact that many of these kids actually can read. These students are getting sorted out into low-level programs, just because of how the tests are conducted, creating more opportunities for society to differentiate between people and place kids in particular slots even after they leave school.

To give just a brief overview of some of the things that the department is doing, there are several offices that the department has established besides the Office of Instructional Strategies. They are the Compensatory Office, the Bilingual Office, and there's an office for improving the rates of college enrollment. College enrollment programs for minority youth focus especially on this issue of at-risk youth, and academic achievement.

There are publications that have come out to try to improve the curriculum around the state, and in those publications there are special sections on at-risk youth and what should be done to provide access to ensure normal progress for those youth, as well as companion publications that we're now developing to determine what are the most effective practices in math, what are the most effective practices in English, history, social science, the sciences, and other areas.

There are training projects throughout the state, a network that has been developed to train teachers on implementing this now more vigorous program. Those training projects focus on Chapter One teachers, teachers in Chapter One schools with so-called disadvantaged youth. This next year, those projects will be expanded to include more of those types of teachers who did not necessarily sign up on a volunteer basis, as we might have expected.

Accountability is another big issue that's on everyone's lips. It's mentioned by the legislature, the Governor, the business community, and certainly in education, and here we initiated a program last year to identify schools that were doing extremely well, and designate them one school. The high low list, we call it, and the Twos who are doing fairly well, and Threes, who are doing way below what is even expected of schools in similar situations and of like populations, and those schools have been identified publicly.

The problem we have, I think, at the Department in looking at all of those programs is that we don't really have the resources to supply the technical assistance that we know we are capable of providing to identify successful projects and to proliferate them and make them more successful.

CHAIRWOMAN HUGHES: All right. Let me ask you a question. After you identify them, you label them, what do you do for them? Do you let them just sit and stew with their label, or does the department plan on helping them in the future, since they've gotten past the identification stage?

MR. PARKER: Well, there's where resources come in.

CHAIRWOMAN HUGHES: What resources? We gave you more money than you needed.

MR. PARKER: I'm not talking about local resources. I'm talking about state resources. We're still not up to where we were in 1983.

CHAIRWOMAN HUGHES: Well, I want to see a plan for action, and then when we see a plan for action and correction, maybe we can think of giving more money, okay? Because, you know, it's terrible just to... Would you call your child a bad child because maybe they did something naughty, or would you embrace them, caress and try to make them better?

This is all I'm talking about. I don't like the fact that you identify the schools and say that the schools are bad without saying, "You have a problem and we want to help you." When I go to the doctor, I don't want him just to tell me I have a real bad disease without his telling me how he's going to treat me.

MR. PARKER: Well, let me make you aware of the Office of Regional Assistance that has been developed. It was initiated before the identification process, and it's that office's job to begin to broker resources and to provide assistance to those schools that were identified as achieving much lower results than other schools in the state. So that office is up and running, and there are networks being established. A teleconference is going to be conducted here in November to begin to try to bring resources there. It's a very small operation in the department but a very large operation in terms of how it will affect schools, but again, more resources at the department level would allow that operation at the assistance end of this thing to go forward, I think, in a much more helpful way.

CHAIRWOMAN HUGHES: Well, we will continue to talk.

Thank you very much.

Any questions from members? All right. Thank you.

All right. Dr. Rodney Reed from UC, Berkeley, Professor of Educational Administration. Dr. Reed.

DR. RODNEY REED: Thank you.

Dr. Thornton came up and gave you the good news. I'm going to give you some of the bad news, but first of all, to Willie Brown, Speaker of the Assembly and to Assemblywoman Hughes and to the Executive Board of Directors of BAPAC, I really want to salute you for convening this conference again.

I could think of no more important problem facing our community than our youth, and indeed, I believe they are at risk. The evidence that you've heard today signifies that they are, and I'd like to reinforce that by providing additional evidence with respect to education and also to provide some thoughts about things that I think we ought to start considering which may or may not be in the mainstream of contemporary thought.

First of all, I think we all recognize that the majority of our African American youth grow up in neighborhoods characterized by single parents, female heads of families, high unemployment, high incidents of drug use, violence, teenage pregnancy, and a high incidence of poverty.

There's a lack of positive male role models, a dearth of opportunities for community economic growth and development, and inadequate medical and mental health services.

In such circumstances, the struggle for existence is paramount. A brighter future, unrealized dreams, increased self-worth and peer acceptance are validated and accomplished through socially deviant behavior. School performance is poor and drop out rates high, and among students who do graduate from high school, many lack the fundamental skills of critical thinking, problems solving and reading, writing, and computation equal to the graduation grade level.

As a consequence, relatively few of the youngsters in these neighborhoods meet the requirements for entry into the University of California or the State University system, nor do they possess the technical skills necessary for significant employment.

With respect to education, nationally, for every 1,000 African American students who enter first grade, about 76 of them graduate from high school. Of that number, about 29 enter college, but only 12 graduate from college. Probably 5 of these graduates enter graduate school or professional schools, but only 4 obtain a graduate or professional degree.

Closer to home, regarding the 1986, 1987 California public high school graduates, only 5.5%, which represents the 895 of the 18,899 African American high school graduates were eligible for enrollment in the University of California system. Only 6.4%, 1,472, enrolled in CSU system, and 8.2%, 6,166 enrolled in community colleges.

The force of these statistics becomes evident when comparisons are made to other ethnic groups. For the same period, 1986, 1987, White public high school graduates accounted for 56.8%, 19,238 of UC freshmen enrollments, 61.1%, 13,994 of CSUC freshmen enrollment, and 63.5%, 47,499 of community college freshmen enrollments.

Hispanic students made up 10.7%, 1,737 of the UC freshman class, 12.5, or 2,866 CSU freshman enrollments, and 16.8, 12,573 of community college freshman enrollment.

The college enrollment rates for Asian students were as follows: UC, 22% of 3,578, CSU, 15.6% or 3,574, and community colleges, 7.3%, 5,439.

It is clear that African American students are under-represented in the UC and CSU systems. It is also clear that the majority of these students enroll in community college as do Whites and Hispanics. What is significant here is that whereas enrollment in the community colleges for African American students is high, the number of them who qualify for transfer into the UC system is quite small.

For example, in fall, 1987, only four of the nine community colleges throughout the state transferred more than ten African American students to the UC system, and at none of these were more than 15 transferred. These colleges were Santa Monica, which transferred 15, Lady College, which transferred 12, College of Alameda, which transferred 11, and El Camino College, which transferred 10.

With respect to the university persistence and graduation rates, we find in 1987, for example, only 12% of the African American students graduated from UC, Berkeley after five years, and from 1981, an average of less than 3% of the total of bachelor's, master's, or doctorate degrees awarded by the University of California are received by African American students.

It is also the case that nationally, since 1986, we have seen a decline in the percentage of African American students enrolling in college while at the same time we have seen an increase in the percentage of high school graduates.

In 1976, 33.4% of the eighteen to twenty-four year old

population of African American student enrolled in college. Then, years later, in 1986, only 28.6% of them enrolled.

African American students are also being suspended from schools at rates higher than those of other ethnic groups. Although the argument can be made that disruptive youngsters should be removed from schools so that others can learn, it is also apparent that students who are suspended from schools are excluded from the normal learning process. Thus, the probability of them acquiring the skills useful to a productive life is lessened.

The message of the foregoing statistics is clear. The system of public formal education has not provided and is not providing effective education for African American students. Too many of our students are not acquiring the skills necessary to participate fully in the informational and technical society that is already upon us and which will increasingly characterize the future.

The educational responsibility is great. Without a solid educational foundation of career and life options, all children are dramatically limited. For California and the nation, this means a significant pool of resources and talent will be unavailable to meet present and future economic employment and social needs. It means that ever increasing numbers of African American children who survive to adulthood will be confined to lives of despair and hopelessness.

The educational challenge is rivaled by the challenge to eliminate from the neighborhoods the destructive effects of what are referred to as the unholy trinity: crime, drugs, and AIDS. These areas have been covered by other persons, so I need not dwell on them here. However, I mention this challenge because it is closely related to the educational challenge in that it affects the lives of our youths and their motivation to successfully engage and complete formal educational requirements and compete for technical, skilled, and professional educational opportunities.

We must, therefore, reverse the trends to justify the statistics presented or face the possibility of losing a generation of African American youth. To do so will require creativity, boldness, human and economic resources and a reconceptualization of schools and schooling.

It is thus within this context that the following ideas are presented for your consideration.

Making a Difference: Reconceptualizing Schools and Schooling. Many opportunities and challenges must be met in order to make a difference in the educational achievement of African American students. Let me focus on but four: diversification of

school curriculum, preparation of a new breed of teachers and administrators, strengthening neighborhood schools, and developing an integrated approach to education.

Diversification of School Curriculum. There is considerable evidence which indicates that students have different needs based on their life circumstances, yet the march to a uniform curriculum and teaching methodology is rapidly increasing.

Many students in oppressed neighborhoods need educational environments in which to overcome feelings of alienation and powerlessness and to increase their sense of personal self worth and academic achievement. They also need to understand how to access the political and economic system in positive ways to bring about desired change.

This suggests a series of formal experiences not now part of the curriculum in schools located in neighborhoods in which there are significant numbers of African American students.

This view is not intended to convey that curriculum in mathematics, English, science, and so forth are not essential. They are. It is to suggest that unless African American students develop strong coping mechanisms and have a better sense of personal efficacy, they will continue to view academic competence as being irrelevant.

Preparation of a New Breed of Teachers and Administrators. Teachers in schools located in oppressed neighborhoods are unprepared to work effectively with either the children in these neighborhoods or with their parents.

Although well intentioned, they frequently come from different life circumstances and increasingly are likely to be, given the steady decline of African American teachers and administrator, of a different ethnic group. Nor have they had much in the way of formal courses in their teacher credential programs to equip them to work effectively with children in oppressed neighborhoods or with children from diverse backgrounds with diverse needs.

Indeed, a recent survey of California schools and departments of education reveal that few of them have specialized programs or courses designed to prepare teachers or administrators to work in inner city schools or with diverse student populations. Those that did have such programs focused on language minority children. We found but one program in the whole state with any focus on African American students. African American children need teachers and administrators who can and will improve systematic experiences to help them develop their self-esteem as well as the skills necessary to cope with the racial, economic and social oppression they face. They need teachers and administrators who understand their nurturance needs, who respect

and believe in them, and who hold and translate high expectations for their success.

Strengthening Neighborhood Schools. Many politicians and educators, are rallying around the call for parental choice in selecting the schools for their children. They hold that by providing choice, schools will begin to compete for students, thereby improving to become more attractive.

It is easy to become seduced by this logic, but will this approach really make a difference? I think not, for at least three reasons.

First, compulsory school attendance laws require that all children attend school until at least the age of sixteen. This means that schools have to exist to accommodate these students regardless of the quality of the schooling to be found in them. Thus, there is really no compelling need for schools to improve if the number of schools equals the numbers of students who must attend them within the class size requirements.

Second, schools that are perceived to be more desirable in terms of educational program or quality of teaching are schools which tend to adhere to a middle class standard of teaching practices which emphasizes competition, independent learning, and out-of-school experiences to reinforce and augment in-school learning.

Students from oppressed neighborhoods generally will not have the kind of out-of-school supports which will enable them to maintain performance parity with their more advantaged peers.

Thus, instead of experiencing enhanced feelings of self confidence and self worth, they will develop feelings of alienation and frustration which will eventually lead to hostile and socially deviant behavior.

Moreover, if I'm correct in the view that a different type of curriculum is needed for student from oppressed neighborhoods, then it is not likely that it will be found in schools that cater to a middle class standard.

Third, it is generally acknowledged that the financial cost to students and their parents can be quite significant in transporting them to a perceived better school, but frequently, parents do not recognize that there are other out-of-school educational costs associated with in-school performance, for example, child tutoring and private lessons in music and the performing arts.

For reasons such as the forgoing, I do not believe that the cry for a system of choice or vouchers will in and of itself significantly change the school performance of African American

students.

An Integrated Approach to Formal Education. What we frequently hear and read in the popular press is that schools need to develop linkages with business, that schools need to emulate business practices, and that schools should utilize some of the resources that businesses can make available.

These notions are not without merit if creatively used. I think, however, that a greater coalition is needed to make schools and schooling more effective for our youngsters. That is, a coalition of educators, psychologists, medical and mental health professionals, community and social workers, and economic developers. Through such a coalition, students academic, social, psychological health and economic needs can be addressed along with those of their parents if necessary.

From the vantage point of the great psychologist, Mazlow, who proposed that certain human needs progress through a series of levels, each of which must be sufficiently gratified before a higher level becomes evident, given some of the health and social problems students and their families may experience in poor neighborhoods, it becomes apparent that the schools alone cannot remove all the barriers that stand in the way of healthy growth, accomplishment, and fulfillment. The challenge is great, but we must address the educational needs of our youth. They are at risk, and will continue to be at risk unless we can implement a more comprehensive set of reform strategies.

I hope this testimony begins to move us in that direction.

Thank you.

CHAIRWOMAN HUGHES: Thank you, Dr. Reed. Thank you.

All right. We have just two more witnesses before we end, and if you just bear with us, one witness just asked to speak, Barbara Alexander, a dear friend.

Barbara, would you come up?

Barbara wrote me a note and said, "Teresa, I just want to address this august body on the part of Black parents," and we can't begin to talk about education and education of our children without thinking of and hearing from the Black parents' perspective.

Barbara.

MS. BARBARA ALEXANDER: Thank you, Assemblywoman Teresa Hughes.

CHAIRWOMAN HUGHES: Make it brief.

MS. ALEXANDER: Okay. Assemblywoman Hughes, it's going to be brief because the dear doctor covered a lot of the things that I wanted to have emphasized. I was afraid that when we leave here we would leave here without really having a complete agenda. As a Black mother, three mother of three beautiful daughters and five young men, I feel that somebody needs to be speaking from the point of view of Black parents because I've been involved as a volunteer in the educational system for years. Everybody knows me, and if you don't know me, you will now.

I'm tired. I've been involved with BAPAC from its inception. I'm sure that the Speaker can attest to that, and we, as Black folk, love to be entertained. We love to come here and hear what you have to say and go back and do nothing.

Let me just say this. Our kids are dying on the streets of America, and we need what you all have to help them. Our kids need to be educated, as the gentleman and the dear lady, Dr. Shirley Thornton said. Most of our kids are not being educated, and I know that when I come to the state legislature, very few Black people are here to make sure that that happens.

I'm tired, Assemblywoman Teresa Hughes, of coming here seeing everybody picking on you few Black Assembly people and two Black senators.

Last year they put the guns out on all of you but you...

CHAIRWOMAN HUGHES: Hey, don't tell them that.

MS. ALEXANDER: And who did you have to back you up? Nobody.

Let me just tell you this. You did pass that wonderful bill, that educational bill, but we need the people in the land. We're so tired of Black educators who are not committed to Black children. We're tired of it. We're tired of our children being pulled out of the programs that they need in order for them to get the skills that are necessary for them to either go into a vocational training program or into college.

I'm on State Superintendent Honig's Committee on Black Affairs. I'm on the board of directors of the National Coalition of Title One, Chapter One Parents, and we will be honoring Congressman Augustus Hawkins this evening. That gentleman has fought hard for Black kids, and I am tired of the fact that since he has implemented the Chapter One program, there has not been written in most of our school districts, where a lot of the Black kids are, a school improvement program that will meet the needs of the Black youngsters.

I am tired of the fact that our kids are not given the right curriculum and given grades that do not reflect the curriculum that will get them into college. So I'm up here because I am sick of this. I want us to go back and to unite and to organize so that our kids can get what they should be getting.

Let me tell you this, Assemblywoman Teresa Hughes, in twenty years, they can put all of us in the concentration camps because we will not have anybody who will be able to defend us.

Do you understand what I'm saying?

So I'm sitting here listening in to all of these people, and I want my eight kids to be able to survive past twenty years from now. So I'm hoping that when we meet next year that we can hear from all of these people who have spoken about what they've done in the communities that has bettered the communities.

You people who moved out of our communities, you go back to our communities and help with the programs. Help in every way that you can to that our children can be adequately prepared to go to college or can gain adequate skills to enter a vocational program. If you do not, you're going to wish you had because our kids will have become more skillful in crime.

What is it they are not learning in the schools? Let me just say this. How is it that our kids, who've never taken chemistry, know how to cut dope? How is it that our kids, who have never taken high math, know how to count thousands and millions of dollars, and you can't cheat them because if you attempt to cheat them your life depends upon it.

So our kids can be educated, but who is giving the education? That's what we want to ask.

So we're asking all of you to do something when you go back. Let's not come back to BAPAC next year just to be entertained, and you educators, and you professionals, come up here and give your report and then go back and sit back in your fine houses and let our kids be slaughtered all over this country and allow our girls to sell their bodies all over the country.

Let's get wise and unite and do something or else just shut up.

CHAIRWOMAN HUGHES: Thank you, Mrs. Alexander, so very, very much.

I was invited down to Richmond to Assemblyman Bob Campbell's district, and the only reason I went down there was because I knew Barbara was going to be there, so I felt very, very comfortable.

All right. They say that the last shall be first. Now, that's the truth, because the last was the first on our agenda, and I think it's only appropriate that our keynote speaker, who was delayed by horrible airport transportation, finally has arrived. He perservered because his first commitment is to the Black community. Dr. Wade Nobles is the director of the Center for Applied Cultural Studies and Educational Achievement at San Francisco State University, and serves as the Executive Director of the Institute for Advanced Study of the Black Family Life and Culture.

Dr. Nobles.

V. OVERVIEW OF YOUTH AT RISK

DR. WADE NOBLES: Madam Chairwoman, I want to thank you for inviting me, and I do want to acknowledge that I had to go from Atlanta to Tuskaloosa to Baton Rouge to Dallas to here in order to give you my remarks, and I am glad that none of those stopovers were delayed because if they had been, I would still be somewhere in the Deep South wondering what was accomplished here today. Given my interest and concern, I feel a need to share with you a perspective that I hope will give some guidance and summary to the issues that have been addressed today.

My testimony will not review the health and educational problems of our youth. I think we clearly can see that our youth and our communities are at risk.

These problems, and in many ways, some innovative responses have already been submitted to your hearing. I would like, however, to try to refocus us as a way of summarizing what has been said today and to point out to you that we have heard the comment about a military industrial complex. I want to suggest to you that if there is a military industrial complex, it needs war to function.

We've heard that there is a medical industrial complex. I suggest to you that if there is a medical industrial complex, it needs sickness to function.

I also want to suggest to you that there is a social service industrial complex, and it needs social problems to function. The social service complex is justified by our problems, not by our solutions, and we need to focus on the solution and recognize that the problems are there.

I wish to discuss a key in developing some solutions and some strategies that I think may be helpful in the crisis among African American youth. I have entitled my remarks "The Promotion and Development of Our Youth: Strategies and Solutions to the

Crisis of California's African American Youth."

We know that the overwhelming involvement of our children, especially Black males, is in the most pathological strands of society. Testimony after testimony has indicated that drug related activity, criminality, unemployment, poor education, and ill health all characterize the socialization of our children. Clearly the development of a positive African American adolescent is the key to the important strategy for present prevention and the elimination of the future devastation of our community. We need to be clear that the outcome of human development is directly dependent upon the inputs of a society's social and cultural institutions. It is those social and cultural institutions I want to draw your attention to. The fact of the matter is that the primary social institutions for the African American children in this country are the family and the church. However, we exist in -- and I need to define it for what it is -- we exist in a Eurocentric cultural reality which remains racist, exploitative, and oppressive. These are the issues that are affecting our children, and we need to look at them and not forget that, as our grandmothers used to say, "If you run around with dogs, you can't help but come home with fleas."

The fact of the matter is that a polluted, racist, exploitive, and oppressive society has to affect the development of our children, and it is upon us to view that situation and understand where our strengths are and how we build upon those strengths in developing strategies and solutions.

We can recognize, and you all know, that despite the plethora of problems, despite the devastating effects of discrimination, in spite of all of the odds of racism against us, African American people have been victims of racism without becoming racist. We have been the subjects of oppression and cruelty without becoming oppressive and cruel.

Now, I say that because I'm talking about a people. We all know that there are individual cruel and racist Black folks, so I'm not going to allow you to sit and say, "Well, I know somebody who's not like that," because that's not the issue. We're talking about our people and not our persons.

Our ancestors understood this, and, in fact, if we ever allow the educational system, and we will allow the educational system to teach our history properly, we will know that it was the African community that stood up and taught the world what it was to be human, and long before the birth of Christ, some 4,000 years ago, when Christ was considered the Prince of Peace, it was our family, it was our community, who taught human beings that to live as humans, one lives in peace, harmony, and prosperity.

These are the things that we have to go back to, and we go back to it by looking specifically at strategies and solutions

that emerge from our culture. It is our culture that has always been the hidden key to our educational excellence and to the development of our communities and to our accomplishments throughout civilization.

I do not need to give this body the liturgy of all the accomplishments African people have made. I can simply point out that we built the pyramids. We did not build the pipe, and the pipe itself is something that is destroying our community. It is an alien invention. It is the pyramid age that we need to look to as a way of understanding what we are about. Our ancestors built permanent structures and spiritual systems that we now call social systems. It is important that we see those social systems in terms of what we can do. We can look over and over again and see the establishment of the historical Black colleges, the creation of the NAACP, Urban League, Universal Negro Improvement Association, the Nation of Islam, the Black fraternal organizations, all with their strengths and with their weaknesses, including the Black church, these have been the placed where our culture thrives and where we, in fact, were tutored in terms of what it is to be human beings.

Our culture was the key to our contribution to greatness, and we need to refer to that culture as we begin to build institutions and build programs for what they are about.

It is interesting that the African American community is probably the only community that has allowed itself to be tricked into believing that instead of using our culture, we have been made to be ashamed and ever frightened of our culture. We run away from the fact that we are Black people and we use all kinds of euphemisms to talk about ourselves, from being minorities to being the inner-city blues. The fact of the matter is that we are African people, and we have to begin to look at that and understand what it means.

The ultimate task for strategy and solution to the plethora of problems that place the children in our communities at risk is to recognize that what African people have done, African people can do again, and that is the strength that we grow from.

It is important that we define what is meant by culture, because often because we have been miseducated, and the education system has failed us, we see culture in the wrong light. Our culture is not simply our songs and dances. When we speak of culture, you automatically think about Black folks dancing. Our culture is not also the listing of our heroes and holidays, and we have more heroes and holidays than any other people in the world. In fact, if you place a time line, we precede any other people, and we should not stand back from anyone on the stage of human history. We, in fact, are the front runners on the stage of human history.

Our culture also is not the peculiar way we walk and talk and the kind of foods that we eat, even though all those are part of our culture. Culture is important, and its definition has to be precise if we ever are to use it in the name of solutions and strategies. I suggest to you that culture is the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, ceremonies, and practices peculiar to us. We need to recognize that we have something that gives us a general design for living and pattern for interpreting reality and that allowed us to lead the world up until the turn of the century.

It has not fallen to us to be on the bottom rung of this civilization. In fact, the light of the world was Africa, and Africans can be the light of the world again. It is the cultural orientation of African people that we must look to because if we do not, every single program, every single solution, every single strategy that we develop will not be successful. We have to codify -- and this is critical -- we have to begin to codify our spirit, our culture, our energy in the development of strategies and implement permanent solutions. There is no longer any time for funding summer programs.

We have to have permanent solutions to the fact that our children are at risk and that our children, in fact, will become the justification for other people to make money on the problems in the Black community.

Given that commentary, Madam Chairwoman, I would suggest and utilize two rules of human development that I think are important as we struggle to try to come to some solution about the problem of our children.

Obviously, the first rule is to recognize the importance that there is the importance of culturally grounding services and programs in the culture of the community that will benefit from those services and programs. The cultural grounding of a program is reinforced by the recognition that programs are only effective when the human service programs maximize the aspirations of the community, and that maximization can only occur when it is consistent with our culture. Hence, program development must make sure that the program, whatever it is, whether it refers to AIDS or education or whatever must be grounded in its structure and in its function within our culture.

In a word, we must see our own image and our own interest in everything we do from program development to the legislation that we write and sponsor in this state.

The second rule is the rule of prevention, and on this one I will take some separation from my colleagues. Everyone now talks about prevention as if it were the new solution. I want it to be clear that effective prevention techniques are only those techniques that promote, not prevent. Effective prevention

techniques are only those techniques that promote and not prevent.

In effect, the promotion of the natural resilience to pathology is the only solution to the problems that our communities face. If we don't begin to inoculate our children from the various kinds of diseases that they find themselves exposed to, then all the prevention strategies that we develop will simply create jobs but not solutions.

It is important to see that when we promote the best in our youth, we literally give them license to be the best. However, ironically, when we attempt programmatically to prevent the worst, we only end up giving legitimacy to the worst. So we have to begin to talk about promotion. Madam Chairwoman, I suggest to you that the key to promotion is that we must find a strategy that is comprehensive and complete and that allows us to coordinate services and programs from our cultural base.

I've submitted my suggestion in my written testimony. It is a process that we developed at the institute, called the Cultural Context of Problem Solving and Program Implementation Strategy. It is systematic and well thought out, and in fact, we spent the last twenty years developing it as we've studied the strength of the Black family, the strengths of our culture, and the process through which a community impacts and transforms institutions. The Cultural Context problem solving strategy, essentially, is a strategic program of developing and implementing planning tools that are openly sensitive to and responsive to African American culture.

We are primarily concerned, and this is not cultural arrogance, we are concerned with the African American community, and as any living thing has the right to say, we must concern ourselves with our own living first and then help others second.

The cultural context problem solving strategy ensures that program implementation is compatible with our culture, and in my estimation, the failure of the programs that have been targeted at our community came about because they have denied our culture. In fact, they've viewed our culture as a deviant and negative structure that should be changed and not utilized, and so consequently, the programs themselves force our community to try to get away from the very strength that allowed us to have a legislative Black caucus, that allowed us to have Black professors, that allowed us to have Black leadership in the first place. And, as previously mentioned, if we don't go back to that culture, then in twenty years we won't have a body sitting here trying to struggle with the issues to protect our community.

It is my suggestion that we seriously begin to look at methods to systematically train ourselves in our culture. It is unfortunate that we believe that simply because we are Black and

we live in Black communities, although some of us have moved away from those Black communities, that we know what it is culturally to be Black. Culture is not song and dance, it is not standing on the street corner with a certain lean, it is not even our children walking around with big beat boxes. Culture is a technical phenomenon, and the analogy that best draws it home is that it is everything. Culture is to humans as water is to fish, and if you are a salt water fish and you find yourself in fresh water, you have a problem. If you are an African people and you find yourself in a Eurocentric community, you have a problem, and so we have to begin to look at a understand the culture of our community and train ourselves.

Even though we are in positions of leadership, we need training. It's just as clear as that. We have not been trained to understand our culture and our education. We have only done it in the kind of informal ways of our communities, families, and churches. But we now need to talk about it as an technical phenomenon that requires the kind of attention and support that anyone would utilize as they engage in fulfilling technical schemata. The culture context problem solving strategy, I believe, allows us to do that. It results in a collective analysis, not the individual ramblings of a Dr. Nobles, but the collective analysis of a community that is culturally bound to identify its problems. It results in the culturally appropriate statement of activity that is important for us to talk about in programmatic intervention, and finally, it results in systematic strategies or blueprints.

I will close by citing three examples of the utilization of this cultural context problem solving strategy, and I think that we need to look at those examples in terms of what they can do in solving our problems.

The first example, programmatic example, is something some of you have heard about. It's called the Hawk Manhood Training and Development Project. The Hawk Manhood Training and Development project emerged from two areas, in fact. It emerged from our cultural context problem solving strategy, and you all know that it's being implemented at Grant Union High School, where the CLERN process that was talked about by Dr. Thornton helped that school to identify teenage pregnancy, delinquency, truancy, violence, as problems impacting on the school's ability to maximize its educational mandate. The narrow vision, however, of the problem, and sometimes our misalignment with our culture makes us not only see the problems incorrectly, but we also see the solutions that way. The misalignment allowed that community, however, to see that the problem with teenage pregnancy is if we could just get brothers to stop doing it, then we could get them to learn. I don't need to go through the process of reminding all of you. Just go back to adolescence and remember when the hormones hit you, and you know that that's a problem that has nothing to do with "Just Say No." It has nothing to do with

somebody counseling you about what you're going to pay in life if you make somebody pregnant.

You see, the issue here was not the problem of teenage pregnancy. The issue was how do we develop competent, confident, conscious Black men. It is a question of character development and not pregnancy prevention. It is a question of how do we promote the best in Black manhood, the best in Black womanhood, as a strategy for solving our problems, and the Hawk Project was designed specifically to do that.

I want to point out to you that just this past year we, through the Hawk Project, guided young Black men, the at risk men that we hear about, the problem kids that we hear about, to call together their brothers in a conference designed for them to analyze, critique and understand the devastation that drugs was impacting upon their community, and in one day we brought together these young men, and I should not even take credit for it. These young men brought together 1,000 Black men, young men from across the State of California, and through the philosophy of our culture, they stood up as Black men with character, with competence, with confidence, and began to dialogue and discuss the issues of their own future. Those brothers were the Bloods, the Crips, and all the things that we're afraid to talk about, and not one single incident occurred, because what we did was promote proper conduct, not prevent gang violence.

It is promotion that has to be the issue.

The second example of the utilization of our culture comes through an experience in San Francisco. Through the development of the Urban League, the Ella Hill Hutch Community Center, and the San Francisco Conference Conservation Corps, we brought together community agencies and carried them through a process of developing and designing services targeted at Black men that are culturally consistent, and that plan is available for your review if you would like to see it.

The premise is that we can solve our problems if we stand forthrightly on our own culture. As long as we follow someone else's alien theories about who it is that Black people are, we are destined to fail. The final example, of which I'm sure all of you have heard, is the newly funded Center for Applied Cultural Studies and Educational Achievement. We have looked at, with Dr. Reed and others, the statistics on the failure of education for Black kids in California. One has to argue that either the explanation for that failure is something genetically wrong or socially wrong with the Black community or that there's something wrong with the educational system that is charged with the responsibility for educating our children.

Obviously, we know that there's something rotten in Denmark. It is not our children. In fact, it is the educational

system, and through the collaboration of the State Department of Education and the CSU system, we have been able to establish a university-based educational research development training center which is mandated specifically to determine how to solve the problems of educating Black children in the State of California.

The primary and singular mission of the Center for Applied Cultural Studies and Educational Achievement is to systematically develop strategies and solutions that are targeted for our children. That means we need to challenge the curriculum materials, we need to challenge everything in the educational process from teachers' training to classroom management. The CSU trains 80% of all the California teachers in the system. If we change that system, we can, in fact, save our own children. The CSU also trains 20% of the teachers in this whole nation. If California stands forth at least, if African Americans in California stand forth for the righteous cause of protecting our children, we in fact will change the nature of this nation.

The Center for Applied Cultural Studies and Educational Achievement is designed to do that.

I need to point out that, of course, I cautiously express some of my views watching your staff. Resources are needed, and I don't want you to spank me and ask what I have done lately, because that's not what I want you do, but I want to suggest to you that part of the reason why I was late is because I was in Atlanta, Georgia at a conference by the Atlanta Public School System, which has just recently awarded $1.2 million to the exclusive task of infusing African and African American cultural content into its public school curriculum.

I had the pleasure of helping to guide that movement, and I believe that if we, in fact, see California as one of the most important states in the union, then we can do no less than begin to talk about the resources that are necessary to infuse our culture into the plethora of problems that address our community and begin to talk about systematically developing solutions and strategies.

Ultimately, Madam Chairwoman, we are the architects of our own transformation. Nobody can help us but us.

In all likelihood, this is our last chance. It is in our lifetime and the decisions that you and we make on our behalf that our last chance is found to make a difference, and we can only make a difference by personally and collectively reclaiming responsibility for our own well-being and our own welfare. Tarzan, Superman, Freud, and Mars are creations from an alien culture. They will not guide us. They will not help us. We only need to dare to see the world and respond to it from our own image and our own interests. We need to be, and I will use the term, we need to be Afrocentric.

We need to situate ourselves, center ourselves, in our culture. We need to recreate the best of ourselves by systematically, overtly and intentionally, unashamedly and unapologetically, promoting and developing our youth.

It is our task. It is a question of promotion. How do we promote the best in character of the next generation?

Madam Chairwoman, I hope my brief remarks and my written testimony will be helpful. I will simply conclude by suggesting that the Legislative Black Caucus give serious attention to the development of our cultural skills and strategies and charge ourselves with implementing comprehensive statewide and coordinated culturally consistent services and programs that are for us, for our community.

Thank you for your attention and your time.

CHAIRWOMAN HUGHES: I can't begin to thank you enough.

All right. Thank you, Dr. Nobles.

I want to congratulate all of you. This has been the best audience that I have ever observed. I haven't had to discipline you one time. You have been wonderful and attentive, and I thank the witnesses for very fine testimony, but I don't want you to leave without listening to my last message.

We've just begun. We've got the whole weekend to work, and Alice Huffman is having a reception, the Chair's Reception, over at the Radisson in Room Edgewater F. It begins at six o'clock. My congressmen, Augustus Hawkins, is going to be the honoree. I'll take is gift to him personally, whether or not he arrives here.

But I want you to be there because it is important that since we have had folks working for us in Congress for as many years as Gus Hawkins has been there, that we don't get there and have an empty room. Even if he doesn't physically appear, the message is going to get back. You know how we talk in our community.

And we want him to know how much we love and appreciate him, and it's also an opportunity for us to give homage to our wonderful, wonderful chairperson of BAPAC, Alice Huffman, who has worked so diligently planning this entire conference.

Thank you for your attention, and if you were in my class, I'd skip you all.

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